

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 JUL -2 PM 12:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000043524

1. Corporation Name

NAHID'S FOODMART #109, INC.

Principal Place of Business

17100 S TAMIAM TR  
NAPLES FL 34114  
US

Mailing Address

17100 S TAMIAM TR  
NAPLES FL 34114  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

17100 TAMIAM TRAIL

City & State

NAPLES FL.

Zip

34114

Country

COLLIER

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

17100 TAMIAM TRAIL

City & State

NAPLES FL.

Zip

34114

Country

COLLIER

REINSTATEMENT

01-02

4. Date Incorporated or Qualified  
To Do Business in Florida

05/16/1997

5. FEI Number

65-0753977

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) | Name of Officers<br>and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip  |
|----------|--------------------------------------|---|---------------------|
| DPS      | ISLAM, MANZURUL                      | 12693 TORBAY DRIVE                                | BOCA RATON FL 33428 |
| DV       | AHMED, JALAL                         | 12693 TORBAY DRIVE                                | BOCA RATON FL 33428 |
| DT       | MOSTOFA, KAMAL                       | 12693 TORBAY DRIVE                                | BOCA RATON FL 33428 |
|          |                                      |   |                     |
|          |                                      |   |                     |
|          |                                      |   |                     |
|          |                                      |   |                     |

000006235200--0  
-07/08/02--01003--031  
\*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ISLAM, MANZURUL  
17100 TAMIAM TR E  
NAPLES FL 34114

Name

ISLAM MANZURUL

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

17100 TAMIAM TRAIL

City

NAPLES

State

FL

Zip Code

34114

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

Date 11.13.2001

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED  
KAMAL MOSTOFA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11.13.2001

Daytime Phone #

CR2040 (8/01)