

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 APR 14 AM 9:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PA7000053527

1. Corporation Name

POWER 99 II, INC.

200032752352  
04/14/04--01050--006 \*\*150.00

200032752352  
04/14/04--01050--006 \*\*150.00

2. Principal Office Address

1649 N. HIATUS RD

3. Mailing Office Address

1649 N. HIATUS Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pines FL

City & State

Pembroke Pines FL

Zip

33026

Country

USA

Zip

33026

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

6/17/97

5. FEI Number

65-0758431

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

03-04

7. Name and Address of Current Registered Agent

Name

KAMIL BHIMANI

REINSTATEMENT

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

1649 N. HIATUS RD

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33026

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

[Signature]

Date

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Mahmood Chavania	1649 N. HIATUS Rd	Pembroke Pines FL 33026
V.P	FIRDOS Chagani	1649 N. Hiatus Rd	Pembroke Pines FL 33026
Sec.	Salim Shivji	1649 N. Hiatus Rd	Pembroke Pines FL 33026
Sec	Kamil Bhimani	1649 N. Hiatus Rd	Pembroke Pines FL 33026

10. 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)(i), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/04

Date

9544337788

Daytime Phone #

CR2081 (01/04)

85

2082

April 12, 2004

Annual Uniform Report-2003-Reinstate  
POWER 99, II INC.  
Document Number P97000053527

Dear Sir or Madam:

I had never received the UBR report for the renewal in 2003 & 2004.

Please accept check \$300.00 for reinstatement fees for the year 2003 & 2004

Please don't hesitate to contact me if you need further information.

Thanks



Kamil Bhimani

Secretary  
1649 N. Hiatus Rd  
Pembroke Pines FL 33026

954-433-7788