

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 NOV -5 PM 12:48

DOCUMENT # P97000077540

1. Corporation Name

CHAUHDARY, INCORPORATED

Principal Place of Business

LAKE BRADFORD RD  
1720  
TALLAHASSEE FL 32301  
US

Mailing Address

LAKE BRADFORD RD  
1720  
TALLAHASSEE FL 32301  
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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/08/1997

5. FEI Number

59-3466658

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)  
1

2

Name of Officers  
and/or Directors

3

Street Address of Each  
Officer and/or Director

4

City / State / Zip

PD

AHMED, SOBIA N

2414 BLARNEY DR

TALLAHASSEE FL 32308

300009177543  
11/22/02--01099--011 \*\*750.00

8. Name and Address of Current Registered Agent

FULLER, BENJAMIN R  
325 JOHN KNOX RD SUITE D-100  
TALLAHASSEE FL 32303

9. Name and Address of New Registered Agent

Name

SOBIA N. AHMED.

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

9125 SEA FAIR Lane.

Suite, Apt. #, Etc.

City

TALL.

State

Zip Code

FL

32318

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11.5.02

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)(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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11.5.02

CR2040 (8/02)