

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

92 JUL 16 AM 10:42

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # **997000094306**

1. Corporation Name

SAIF ENTERPRISES, INC

Principal Place of Business

Mailing Address

**Route 3, 295 U.S. 17 South
Box 72
East Palatka, FL 32131**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/03/1997

5. FEI Number

☒ 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	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres	Nalwalla, Hussaini F	Route 3, 295 U.S. 17 S.	East Palatka, FL 32131
V. P.	Contractor, Mustao	Route 3, 295 U.S. 17 S	East Palatka, FL 32131
S.T.	Nalwalla Hussaini F	Route 3, 295 U.S. 17	East Palatka, FL 32131

**100002938941--7
-07/22/99--01081--004
****900.00 ****900.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LAKADAWALA, MANSUR

**Route 3, 295 U.S. 17 South
East Palatka, FL 32131**

Name

Nalwalla, Hussaini F.

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

Route 3, 295 U.S. 17 South

Suite, Apt. #, Etc.

City

East Palatka

State

FL

Zip Code

32131

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

P. Nalwalla
REGISTERED AGENT MUST SIGN

Date

July 12 1999

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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. The 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:

P. Nalwalla
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 12 1999

Date

Daytime Phone #

CR2E061 (12-98)