

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 SEP 13 PM 12:16

DOCUMENT # **P 97 0000 98999**

1. Corporation Name

**CHISTY, INC.**

**REINSTATEMENT 03-04**

2. Principal Office Address

**1020 - 71ST. STREET**

Suite, Apt. #, etc.

City & State

**MIAMI BCH. FL**

Zip **33141**

Country

**USA**

3. Mailing Office Address

**1020 - 71ST. STREET**

Suite, Apt. #, etc.

City & State

**MIAMI BCH. FL**

Zip **33141**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

**65-0795086**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

**MICHAEL A. RAUF**

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

**1282 N.E. 163 STREET.**

Suite, Apt. #, Etc.

City

**N. MIAMI BEACH.**

State

**FL**

Zip Code

**33162**

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

**Michael A. Rauf**

Date **8-20-04**

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<br>Officers and/or Directors                              | Street Address of Each<br>Officer and/or Director | City / State / Zip  |
|--------|---|---|---------------------|
| D/P    | ISLAM, MOHAMMED R<br>1004 BIARRITZ DR. #3<br>MIAMI BCH. FL 33141  | 1004 BIARRITZ DR.<br>APT # 3                      | MIAMI BCH. FL 33141 |
| VP     | AKHTER, NAZNEEN<br>1004 BIARRITZ DR APT #3<br>MIAMI BCH. FL 33141 | 1004 BIARRITZ DR.<br>APT. # 3                     | MIAMI BCH. FL 33141 |
| S      |   |   |                     |
|        |   |   |                     |
|        |   |   |                     |
|        |   |   |                     |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**8-20-2004**

CR2E081 (9/01)

To:  
Fla. Dept. of state.

Re: Doc. # P97000098999

Dear Sir,

Enclosed completed Reinstatement Form, and the letter, this letter and The Form was mailed by you in MAY 2004 But that TIME my store was boarded, because CAR driven by older lady came inside my & my next door store. police said lady put GAS instead of break pedal.

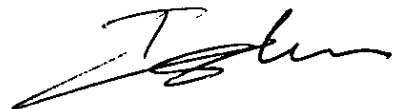
Therefore Mailman dropped my - letters in the next door slot which is vacant, Landlord asked me, if I need more space So I went to see and found mail inside Landlord hand over my mail last week, also ~~at~~ There were no checks in the - envelope, and marked on 2004 Annual Report-Form as received by you.

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Please accept my Application for Re-  
instatement, and waive the Late Fee  
Because I never receive the -  
renewal notice last year.

Thank you very much.

Sincerely yours.

A handwritten signature in cursive script, appearing to read "T. S. Kim".