

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JAN 20 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000002689

1. Corporation Name

MUHA CORP.

2. Principal Office Address - No P.O. Box #

4505 N MIAMI AVE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33127

Country

US

3. Mailing Office Address

1549 NE 123RD STREET

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33161

Country

US

200141490072

01/20/09--01053--022 **750.00

CR2E081 (12/08)

**4. Date Incorporated or Qualified
To Do Business in Florida**

JAN 1, 1998

**5. FEI Number
65-0838392**

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

KHALID A MUHARES

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

4505 N MIAMI AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33127

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Khalid A. Muhareb

Date **JANUARY 15, 2009**

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
PD	KHALID A. MUHAREB	4505 N MIAMI AVE	MIAMI FL 33127

REINSTATEMENT

RH

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 807.0401 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 contained in Chapter 119, 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:

Khalid A. Muhareb

PRESIDENT

JAN 15, 2009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Uniform Business Report
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

January 15, 2009

DOC. # P98000002689
MUHA CORP.

To Whom It May Concern.

This letter is in regards to the corporation annual report for the years 2005,2006,2007,2008, according to our records we never received an annual report for our corporation. We are filled out blank report to your department because we never received the original report. Please accept our apologies and accept this 750.00 filing fee. We never meant to send the report late, if we would have received the report, we would have sent it on time. We apologize any inconvenience this may have caused.

If you have any questions please feel free to contact me at (305) 541-3980.

Sincerely,

PRESIDENT