

182
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

APPROVAL
AND
FILED

05 APR 18 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # D98000014466

1. Corporation Name

Choudhry Enterprises, Inc.

REINSTATEMENT 03-05
MRS

2. Principal Office Address

7527 International Drive

Suite, Apt. #, etc.

3. Mailing Office Address

7527 International Drive

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32819

Country

Orange

City & State

Orlando FL

Zip

32819

Country

Orange

4. Date Incorporated or Qualified
To Do Business in Florida

2/12/98

5. FEI Number

59-3494321

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 Choudhry

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

7527 International Drive

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32819

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

X Khalid Choudhry
REGISTERED AGENT MUST SIGN

Date 4-13-05

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
<u>P.T. D.S.</u>	<u>Khalid Choudhry</u>	<u>7527 International Drive</u>	<u>Orlando FL 32819</u>

200054124892
05/10/05--01008--022 **450.00

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)(l), 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:

X Khalid Choudhry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-05 407-355-0508

Date

Daytime Phone #

CR2E081 (01/05)

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Choudhry Enterprises, Inc.
7527 International Drive
Orlando, Florida 32819

April 8, 2005

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Annual Report

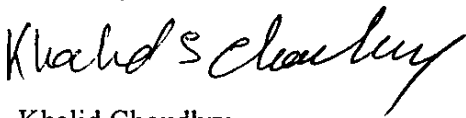
To Whom It May Concern:

We are requesting a wavier of penalties due to the fact we did not receive any Annual Report notices after we moved.

Enclosed please find a payment of \$450.00 to pay for the following: 2003, 2004 and 2005 Annual Report fees.

We appreciate your cooperation regarding this matter.

Sincerely,


Khalid Choudhry