

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

CORPORATION
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUL 24 AM 10:48

DOCUMENT # P98000049478

1. Corporation Name

Gani USA, Inc.

2. Principal Office Address

2170 W. Fairbanks Ave

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Park FL

City & State

Zip

32789

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3518684

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

Abdul Gani Kucukoglu

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

1055 Kensington Park Dr #213

Suite, Apt. #, Etc.

City

Altamonte Springs

State

FL

Zip Code

32714

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

REGISTERED AGENT MUST SIGN

Date 7-11-01

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
	[REDACTED]		
	Abdul Gani Kucukoglu	1055 Kensington Park Dr	Altamonte Spgs FL 32714
	[REDACTED]		
	[REDACTED]		
	President Mounir Charif	668-110 Scarlet Oak Cir	Altamonte Spgs FL 32701
	100% shareholder		

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

7-11-01

Daytime Phone #

CR2E001 (8/00)

2052

**GANI USA, INC.
2170 W. FAIRBANKS AVENUE
WINTER PARK, FL 32789
(407) 599-5599**

July 11, 2001

**Florida Department of State
Katherine Harris
Secretary of State**

Division of Corporations

To Whom It May Concern:

**I am writing in request of late fees to be waived due to the fact that
I sent my corporate reinstatement for last year but never received
my reinstated paperwork.**

Please help me reagrding this matter.

**Please find enclosed another application for reinstatement and a
check for fees of \$300.00.**

Sincerely,



Mounir Charif