

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000059029

1. Corporation Name

MKA INVESTMENTS, INC.

Principal Place of Business

~~1111 W Main St.~~

~~Avon Park, FL 33825~~

Mailing Address

~~1111 W Main St.~~

~~Avon Park, FL 33825~~

2350 Broadway Suite 507A

New York NY 10024

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

2. New Principal Office Address, If Applicable

6021 Hwy 1792 N.

State Apt #, etc

3. New Mailing Office Address, If Applicable

2350 Broadway Suite 507 A

Suite, Apt #, etc.

Suite 507 A

City & State

Davenport, FL

Zip

33858

Country

U.S.

City & State

New York, NY

Zip

10024

Country

U.S.

REINSTATEMENT 1999

4. Date Incorporated or Qualified To Do Business in Florida

July 2, 1998

5. FEI Number

65-0851169

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PD	Matsuyama, Tomoko	2350 Broadway Suite 507A 201 W 72nd St #11D	New York, NY 10024
VD	Ahmed, Anjuman A	1111 W Main St.	Avon Park, FL 33825
SD	Khan, Hossain M.Y.	8602 Ft Hamilton Pkwy, #5J	Brooklyn, NY 11209

200003052292-2
-11/23/99-01005-024
****750.00 ****750.00

8. Name and Address of Current Registered Agent

Ahmed, Anjuman A.

1111 W Main St.

Avon Park, FL 33825

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number, Not Applicable)

Suite, Apt #, Etc

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.05(5), F.S.

Signature of Registered Agent X Anjuman A. Ahmed

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid 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. Further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.04(1) or 617.04(1), F.S., that all fees owed by this corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(b), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov. 4 99

Date

Daytime Phone #

(212) 580-1960