

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 DEC 28 PM 3:05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

1. Corporation Name

621 SA Corp

2. Principal Office Address

244 CR 621 E, Lake Placid, FL 33852

Suite, Apt. #, etc.

3. Mailing Office Address

244 CR 621 E
Lake Placid, FL 33852

Suite, Apt. #, etc.

City & State

Lake Placid, Florida

City & State

Lake Placid, Florida

Zip

33852

Country

USA

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

July 10, 1998

5. FEI Number

65-085004

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

Mubashir A. Syed

800003529298-8

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

244 CR 621 E

-01/09/01-01036-002

****750.00 ****750.00

Suite, Apt. #, Etc.

City

Lake Placid,

State

FL

Zip Code

33852

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

12/26/00

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
D	Mubashir A. Syed	244 CR 621 E	Lake Placid, Florida 33852
VP	Syed Haseeb Abbas	4307 Caliente Street	Hernando Beach, Florida 34647
			KE

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

12/26/00

Daytime Phone #

863-465-5662

CR2E081 (9/99)