

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 APR 15 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P98000073628*

1. Corporation Name

S & M OF CENTRAL FLORIDA INC

2. Principal Office Address

4775 WEST 192 HIGHWAY
Suite, Apt. #, etc.

3. Mailing Office Address

SAME
Suite, Apt. #, etc.

KISSIMMEE

City & State

FLORIDA

Zip

34746

Country

U.S.A

City & State

SAME

Zip

SAME

Country

SAME

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

900016059499
*04/15/03--01016--011 **315.00*

7. Name and Address of Current Registered Agent

Name

ZISHAN HAIDER

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

4775 WEST 192 HIGHWAY

Suite, Apt. #, Etc.

KISSIMMEE

City

FLORIDA 34746

State

FL

Zip Code

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

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
<i>PRESIDENT</i>	<i>ZISHAN HAIDER</i>	<i>7511 SEURAT STREET APT 308</i>	<i>ORLANDO, FL 32819</i>
<i>TREASURER</i>	<i>YAWAR HAIDER</i>	<i>7511 SEURAT STREET APT 308</i>	<i>ORLANDO, FL 32819</i>

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

03-27-03

Date

321-945-1932

Daytime Phone #

CR2E081 (9/01)

FROM: - S&M - OF CENTRAL FLORIDA INC
DOCUMENT NO: - P98000073628

TO: -

MR OR MISS: - PAT BAILY

I ZISHAN HAIDER FROM S&M OF CENTRAL FL, INC REQUESTING
BECAUSE OF BAD YEAR AND IRRESPONSIBLE MANAGER WHO
HAS NOT DONE HIS JOB RIGHT THE RENEWAL CHECK OF 150,00
WAS RETURNED FROM BANK - I WORK MOST OF THE TIME NOW
AND THINGS ARE PRETTY MUCH GETTING UNDER CONTROL.

I SPOKE TO YOUR COLLEAGUE AND BEING TOLD BECAUSE
THE SITUATION PENALTY COULD BE REMOVED IF I WRITE A LETTER
ALONG WITH THE PAYMENT OF \$315.00.

I WOULD BE VERY THANKFUL FOR CONSIDERATION IF YOU HAVE ANY
QUESTION PLEASE CALL ME AT 321-945-1932

THANK YOU AND GOD BLESS YOU

ZISHAN HAIDER

03/31/03