

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 FEB -6 PM 12:25

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # *998000084514*

1. Corporation Name

Ahari millworks Co. inc.

2. Principal Office Address

14721 SW 21 st.

Suite, Apt. #, etc.

City & State

DAVIC FL

Zip

33325

Country

USA

3. Mailing Office Address

14721 SW 21 st.

Suite, Apt. #, etc.

City & State

DAVIC FL

Zip

33325

Country

USA

REINSTATEMENT

97-02

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0868497

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

Hamid Ahari

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

14721 SW 21 st.

Suite, Apt. #, Etc.

City

DAVIC

State

FL

Zip Code

33325

800004917658-1

02/14/02 01006 001

*****1200.00 ***1200.00**

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

H. Ahari

REGISTERED AGENT MUST SIGN

Date

1-30-2002

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>Hamid Ahari</i>	<i>14721 SW 21 st.</i>	<i>DAVIC, FL. 33325</i>
<i>SEC/ Treas</i>	<i>SYLVAIN HOGUE</i>	<i>7541 SW 1st. st. PLANTATION</i>	<i>PLANTATION, FL. 33317</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:

H. Ahari

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-2002

Date

(305) 796-5242

Daytime Phone #

CRZE081 (9/01)