

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000089757

1. Corporation Name

A&M MANAGEMENT # 405, INC

2. Principal Office Address

1261 GULF TO BLVD#125

Suite, Apt. #, etc.

City & State

CLEARWATER, FL 33767

Zip

33767

Country

USA.

3. Mailing Office Address

1261 GULF TO BLVD#125

Suite, Apt. #, etc.

City & State

CLEARWATER, FL 33767

Zip

33767

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/20/1998

5. FEI Number

65-0872005

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

SALIM S PIRANI

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

1261 GULF TO BLVD # 125

Suite, Apt. #, Etc.

CLEARWATER, FL 33767

City

CLEARWATER,

State
FL

Zip Code

33767

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 12-3-01

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
D/S	SALIM S PIRANI	1261 GULF TO BLVD#125	CLEARWATER, FL 33767
D/P	SADIQ ALI CHANDRANI	1261 GULF TO BLVD # 125	CLEARWATER, FL 33767

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

12-3-01

Date

727-593-1702

Daytime Phone #

FILED

01 DEC -5 PM 4:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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