

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000096055

1. Entity Name
SHIRAZ ORIENTAL RUG GALLERY, INC.



FILED
2007 DEC 17 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3105 BAY TO BAY BLVD.
TAMPA, FL 33629

Mailing Address
3105 BAY TO BAY BLVD.
TAMPA, FL 33629

2. Principal Place of Business - No P.O. Box #
3. Mailing Address

Suite, Apt. #, etc.
Suite, Apt. #, etc.

City & State
City & State

Zip
Country
Zip
Country



REINSTATEMENT
12102007 REIN-P CR2E098 (1/07)

4. FEI Number
59-3543600
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MILLER, RANDELL M
315 SOUTH HYDE PARK AVENUE
TAMPA, FL 33606

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FALASIRI, ALAEDIN 3105 BAY TO BAY BLVD. TAMPA, FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100113203961 12/17/07--01064--004 **150.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ala FALASIRI 12-12-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #