

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine B. Cook  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P98000100471**

1. Corporation Name

**ASMARI, INC.**

Principal Place of Business

Mailing Address

11199 CHESTER LAKE ROAD WEST  
JACKSONVILLE FL 33356

11199 CHESTER LAKE ROAD WEST  
JACKSONVILLE FL 33356

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/02/1998

5. FEI Number

593570384

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MOUSAVI, PARVIN	11199 CHESTER LAKE ROAD WEST	JACKSONVILLE FL 33356
D	MAURIRAHIMI, ALIREZA <i>MAURIRAHIMI</i>	11199 CHESTER LAKE ROAD WEST	JACKSONVILLE FL 33356

8. Name and Address of Current Registered Agent

MORGAN, ROBERT M  
C/O FORD, JETER, BOWLUS & DUSS, P.A.  
10110 SAN JOSE BLVD.  
JACKSONVILLE FL 32257

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. 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

Daytime Phone #

FILED

99 OCT 19 AM 8:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2/19/99 90120041 \$150.00

CR25040 (8/99)

KE

10/15/99

The \$150.00 Check WAS  
Sent ON MARCH 1999

I have NOT Received a  
Rejection paper at ALL  
This is what I GOT FOR  
FIRST TIME AND FEI

IS INCLUDED 593570384

Alireza M.

ALIREZA MORIRAHIMI

THANKS

904-781-3878  
AND 904-693-3146