

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

03 FEB 11 AM 11:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000105374**

1. Corporation Name

**M.A. RAHMAN INC.**  
**3715 Woolbright-Road**  
**Boynton Beach**  
**FL 33436**

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**12/18/1998**

5. FEI Number

**65-0883083**

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

**M.A. Rahman**

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

**3715 Woolbright-Road**

Suite, Apt. #, Etc.

**Boynton Beach**

City

**Boynton Beach**

State

**FL**

Zip Code

**33436**

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

**Mahmud Rahman**

Date **2/5/03**

REGISTERED AGENT MUST SIGN

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
PR	MAHMUD A. RAHMAN	3715 Woolbright Road	Boynton Beach FL 33436

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:

**Mahmud Rahman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/5/03**

Date

**(561) 649-7742**

Daytime Phone #

CR2E081 (9/01)

**A & K BOOKKEEPING & TAX CONSULTANTS**

**Syed H. Sharfi, M.B.A., B.B.A.**

**Accounting & Tax, Fla Atlantic University**

**Asif S. Sharfi, CPA**

**Office & fax (561) 640-4010**

**Residence (561) 697-3086**

February 7, 2003

Secretary of State  
Tallahassee, FL

Dear Sir or Madam:

**Charter # P98000105374 / M.A .Rahman Inc.**

Please find enclosed Application of Reinstatement of M.A. Rahman Inc.. we had changed our address and had notified the Post Office , but something gone wrong and we could not get the UBR in original. **Your good office can also see our old address which should be changed, to our new address as appeared on Reinstatement Application , please.**

We are extremely thankful for you sympathetic consideration in this matter.

Please process these requests and send a letter confirming that this Corporation is active .

Thank you.

Regards,



Syed Sharfi

Ak Bookkeeping & Tax Consultant.

4623 Forest Hill Blvd. , Suit 109-2.

W.P.B., Fla 33415