

APPLICATION FOR REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC -8 AM 9:05

DOCUMENT # P99000007741

1. Corporation Name

HINA JEWELERS INCORPORATED

Principal Place of Business

Mailing Address

1057 BROAD STREET #LK-2
SUMTER SC 29150

1057 BROAD STREET #LK-2
SUMTER SC 29150



REINSTATEMENT

2000

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

4. Date Incorporated or Qualified
To Do Business in Florida

01/26/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3553422

X Not Applicable

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	KHAN, MUHAMMAD U	700-B ARCHDALE DRIVE	SUMTER SC 29150
VD	MUNSHI, SHAFIQ	2660 FARLEY STREET	EAST POINT GA 30344
SD	SHAIKH, SHIRAZ	2642 FARLEY STREET	EAST POINT GA 30344
TD	MITHIAWALA, RAHAMAN	2682 LANCASTER DRIVE	EAST POINT GA 30344

10/12/14

8. Name and Address of Current Registered Agent

KHAWAJA, REHAN N ESQ.
817 NORTH MAIN STREET
JACKSONVILLE FL 32202

9. Name and Address of New Registered Agent

Name MUHAMMAD UMAR KHAN
Street Address (P.O. Box Number is Not Acceptable) 355 MONUMENT RD
Suite, Apt. #, Etc. 18-B-1
City JACKSONVILLE
State FL
Zip Code 32225

CR2E040 (8/00)

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

SIGNATURE OF REGISTERED AGENT MUHAMMAD UMAR KHAN

Date 10-13-00

REGISTERED AGENT MUST SIGN

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.

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-12/21/00--01074--002

***750.00 ***750.00

10-13-00

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR M. UMAR KHAN

Date

Daytime Phone #

(303) 938-9558