

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 15 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000011046

1. Corporation Name

SSAK, INC

KISSIMMEE, FL 34741

2. Principal Office Address

1905 W. VINE ST

Suite, Apt. #, etc.

City & State

KISSIMMEE, FLA

Zip

34741

Country

U.S.A.

3. Mailing Office Address

1905 W. VINE ST

Suite, Apt. #, etc.

City & State

KISSIMMEE, FLA

Zip

34741

Country

U.S.A.

000030398070
03/15/04--01012--007 **1200.00

REINSTATEMENT

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

2/01/99

5. FEI Number

65-0919768

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

ALNOOR KARIM

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

16410 MIAMI DRIVE

Suite, Apt. #, Etc.

APT # 407

City

N. MIAMI BEACH

State

FL

Zip Code

33162

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

3/10/04

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
Pres	ALNOOR KARIM	16410 MIAMI DRIVE	N. MIAMI BEACH FLORIDA 33162
DIR	SALIM KARIM	3101 STONEHURST CIRCLE	KISSIMMEE FL 34741
DIR	SHABIR KARIM	3101 STONEHURST CIRCLE	KISSIMMEE FL 34741

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

ALNOOR KARIM

Date

3/10/04 (305) 759-5871

Daytime Phone #

CR2E081 (10/02)

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