

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P99000035791

1. Corporation Name

GAZELLE DESIGNS, INC.

Principal Place of Business

1720 W. OAK ST.  
4139 CORSAIR AVENUE  
KISSIMMEE FL 34741

Mailing Address

1720 W. OAK STREET.  
4139 CORSAIR AVENUE  
KISSIMMEE FL 34741

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.

1720 W. OAK ST.

Suite, Apt. #, etc.

1720 W. OAK ST.

City & State

KISSIMMEE, FL.

City & State

KISSIMMEE, FL.

Zip

34741

Country

Zip

34741

Country

4. Date Incorporated or Qualified To Do Business in Florida

04/19/1999

5. FEI Number

59-3568372

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	MAHMOOD, KHALID	4139 CORSAIR AVENUE	KISSIMMEE FL 34741
		1720 W. OAK ST.	
			900003446749--9
			-11/01/00--01045--004
			*****750.00 *****750.00

8. Name and Address of Current Registered Agent

MAHMOOD, KHALID  
4139 CORSAIR AVENUE  
KISSIMMEE FL 34741

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

Date 10-16-2000

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.

SIGNATURE:

KHALID MAHMOOD

10-16-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/00)