

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 99000038935

1. Corporation Name

RIMA INTERNATIONAL INC.

2. Principal Office Address - No P.O. Box #
13530 CR 25

Suite, Apt. #, etc.

City & State
Ocklawaha, FL

Zip
32183

Country
U.S.A

3. Mailing Office Address
14310, Tasmania Ct

Suite, Apt. #, etc.

City & State
Sugar Land, TX

Zip
77478

Country
U.S.A

REINSTATEMENT 05-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida **04/29/1999**

5. FEI Number
59-3584562

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
SHAFEEQ KHIMANI

Street Address (P.O. Box Number is Not Acceptable)
1937, Breezy Hill Dr

Suite, Apt. #, Etc.

City
Windermere

State Zip Code
FL 34786

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Date

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
Mr.	SHAFEEQ KHIMANI	1937, Breezy Hill Dr	Windermere, FL 34786
	<i>9/21</i>		

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 contained in Chapter 119, 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

09/12/07

Date

(281) 451 3338

Daytime Phone #