

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000043420

1. Corporation Name

ZAHRAN ENTERPRISES, INC.

2. Principal Office Address

19510 SW 54 ST.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIRAMAR, FL

City & State

Zip

33029

Country

BROWARD

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5/13/1999

5. FEE NUMBER

NONE

☒ 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
SAMEH ZAHRAN

Street Address (P.O. Box Number is not acceptable)

19510 SW 54 ST.

Suite, Apt. #, Etc.

City
MIRAMAR

State

FL

Zip Code

33029

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 **11/9/2006**

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
PD	SAMEH ZAHRAN	19510 SW 54 ST.	MIRAMAR, FL 33029

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

11/9/2006

Date

754-234-6761

Daytime Phone #

20f2

ZAHARAN ENTERPRISES, INC.
19510 SW 54 STREET
MIRAMAR, FL 33029
TEL: 754-234-6761

November 9, 2006

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Attn: Reinstatement Section

Re: Zahran Enterprises, Inc. Document # P99000043420
Request for Waiver of Late Fee

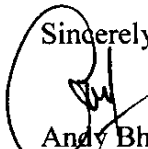
Dear Sir:

We incorporated this company and soon thereafter we moved to the above new address. For this reason, we never got the Annual Report notices which might have been sent by you to the old address. The company also did not do any business during these years. We therefore, request you to please waive the Late Fees of \$600.00.

We want to reinstate this corporation and are enclosing a check for \$1,050.00 to cover reinstatement fees for 7 years. Please reinstate the corporation with the information provided on the enclosed Reinstatement Form.

If you have any questions, please call Andy Bhansali at 305-665-6805.

Sincerely,


Andy Bhansali
Admin.