

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 AUG 25 PM 1:24

SECRET
TALLAHASSEE, FLORIDA

800058961568
08/25/05--01022--001 **1350.00

REINSTATEMENT 01-05

DOCUMENT # *PC9000044654*

1. Corporation Name
SAHAR USA, INC.

2. Principal Office Address
4548 NW 183RD STREET

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

Zip Country
33025 USA

3. Mailing Office Address
701 NE 125TH STREET

Suite, Apt. #, etc.

City & State
NORTH MIAMI, FLORIDA

Zip Country
33161 USA

4. Date Incorporated or Qualified
To Do Business in Florida 05/13/1999

5. FEI Number
65-0918180

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
SOHAIL KHAN

Street Address (P.O. Box Number is Not Acceptable)
701 NE 125TH STREET

Suite, Apt. #, Etc.

City
NORTH MIAMI

State Zip Code
FL 33161

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 08/19/2005

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
P	NAJMA KHAN	2259 SW 195TH AVENUE	MIRAMAR, FL 33029
VP	SOHAIL KHAN	2259 SW 195TH AVENUE	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 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: *Sohail Khan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/19/2005
Date

954-549-4845
Daytime Phone #

CR2E081 (01/05)