

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 24 AM 8:00

DOCUMENT # P99000055633

1. Corporation Name

RIFAI GROUP, INC.

REINSTATEMENT 02-04
MRS

5/6/03 01096 010 X150.00
5/6/03 01096 009 X150.00

2. Principal Office Address
777 NW 72 AVE.

3. Mailing Office Address
777 NW 72 AVE

Suite, Apt. #, etc.
2E2

Suite, Apt. #, etc.
2E2

City & State
MIAMI, FLORIDA

City & State
MIAMI, FL.

Zip Country
33126 USA

Zip Country
33126 USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
65-0934785

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
KAZEM RIFAI

Street Address (P.O. Box Number is Not Acceptable)
777 NW 72 AVE.

Suite, Apt. #, Etc.
2E2

City
MIAMI

State Zip Code
FL 33126

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 6-2-03

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
PTD	RIFAI, KAZEM	777 NW 72 AVE. 2E2	MIAMI, FL 33126
VSD	RIFAI, HAZEM	777 NW 72 AVE. 2E2	MIAMI, FL. 33126

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

Date

Daytime Phone #

6-2-03

305-262-3446

CR25081 (10/02)