

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

02 MAR -7 PM 3:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000069501

1. Corporation Name

SOUTH Florida Fidelity, Inc.

2. Principal Office Address

650 N.E. 88 TERRACE

Suite, Apt. #, etc.

3. Mailing Office Address

650 N.E. 88 TERRACE

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip

33138

Country

USA

City & State

MIAMI FLORIDA

Zip

33138

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

31-1640071

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$375 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

MOHAMED IBRAHIM

Street Address (P.O. Box Number is Not Acceptable)

650 N.E. 88 TERRACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33138

300005108113-8

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\*\*\*1058.75 \*\*\*1058.75

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

Mohamed Ibrahim

REGISTERED AGENT MUST SIGN

Date 3-7-02

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
D/P	MOHAMED IBRAHIM	650 N.E. 88 TERRACE	MIAMI, FL. 33138
D/VP	AHMED MOHAMED	650 N.E. 88 TERRACE	MIAMI, FL. 33138

REINSTATEMENT 2000-2002  
CWS

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:

Mohamed Ibrahim

MOHAMED IBRAHIM

Date

3-7-02

Daytime Phone #

305-753-3939

CR2E081 (9/00)