

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 MAY 14 PM 5:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 999000065062

1. Corporation Name

INVESTMENT PLUS OF USA INC.

2. Principal Office Address

2801 Somerset Drive

3. Mailing Office Address

P.O. Box 9551

Suite, Apt. #, etc.

#212

Suite, Apt. #, etc.

City & State

Ft. Laud

City & State

Ft. Laud

Zip

FL33311

Country

Broward

Zip

FL33310

Country

Broward

4. Date Incorporated or Qualified  
To Do Business in Florida

08/1999

5. FEI Number

65-0938444

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

KHAIRUL ISLAM

100004336401 - 6

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

2801 Somerset Drive

Suite, Apt. #, Etc.

#212

City

Fort Lauderdale

State

FL

Zip Code

33311

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

4/7/01

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

President

KHAIRUL ISLAM

2801 Somerset Drive #212

Fort Lauderdale  
FL 33311

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 application are 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

4/7/01 (954) 471-1900

Daytime Phone #

CR2E081 (9/99)

TO,

(WHOM IT MAY CONCERN)  
DIVISION OF CORPORATIONS  
P.O BOX 6327  
TALLAHASSEE, FL 32314

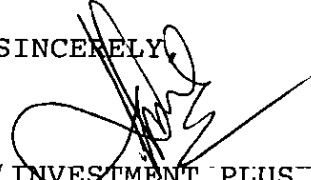
SUBJECT: (REQUEST FOR REINSTATEMENT)

DEAR SIR/MADDAM,

DUE TO LACK OF KNOWLEDGE ABOUT CORPORATION RULES AND REGULATIONS  
I HAVE FAILED TO REINSTATE MY CORPORATION. THE TRUTH OF THE  
MATTER IS I HAVE NEVER RECEIVED THE NOTICE FOR REINSTATEMENT OF  
MY CORPORATION. WOULD YOU BE SO KIND TO REINSTSTE MY  
CORPORATION FOR \$150.00, AND GIVE ME THE OPPORTUNITY TO  
RESTUBLISH MY SAME CORPORATION.

THANK YOU!

SINCERELY,

  
(INVESTMENT PLUS OF USA INC.)  
PRESIDENT

P.O BOX 9551  
FORT LAUDERDALE, FL 33310