

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAY 31 AM 9:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000077178

1. Corporation Name

B+F PERENNIAL OASIS, INC.  
1816 N. UNIVERSITY DR  
PLANTATION FL 33332

2. Principal Office Address

1816 N. UNIVERSITY DR

3. Mailing Office Address

SAMG

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANTATION FL

City & State

Zip

Country

Zip

Country

33332

BRWD

4. Date Incorporated or Qualified  
To Do Business in Florida

8/25/99

5. FEI Number

65-0946488

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

KHALID HAMMAD

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

831 NW 81st Way

Suite, Apt. #, Etc.

City

PLANTATION

600005766526-1

-06/14/02--01004--018

\*\*\*\*150.00 \*\*\*\*150.00

600005766526-1

-06/14/02--01004--019

\*\*\*\*150.00 \*\*\*\*150.00

State

Zip Code

FL

33324

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

Khalid Hammad

REGISTERED AGENT MUST SIGN

Date

4-26-002

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
Pres	KHALID HAMMAD	831 NW 81st Way	PLANTATION FL 33324

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:

Khalid Hammad

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-26-002

Daytime Phone #