

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

FLORIDA CORPORATIONS

FILED

02 OCT 28 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000090877

1. Corporation Name

MODEENA USA, INC.

Principal Place of Business

1278 S MILITARY TR. #122
DEERFIELD BEACH FL 33442

Mailing Address

1278 S MILITARY TR. #122
DEERFIELD BEACH FL 33442



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

4801 LINTON BLVD

Suite, Apt. #, etc.

1 A

City & State

DELRAY BCH

Zip

33445

Country

PALM BCH.

3. New Mailing Office Address, If Applicable

BRENDY'S YOGURT

Suite, Apt. #, etc.

4801 LINTON BLVD 1A

City & State

DELRAY BCH

Zip

33445

Country

PALM BCH.

4. Date Incorporated or Qualified
To Do Business in Florida

10/14/1999

5. FEI Number

65-0953163

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
		602 LUNDA DRIVE	BOYNTON BEACH FL 33437
PD	RUPA ZEBUNNESSA	1525 SPRING HARBOR DR	DELRAY BCH. FL 33445

200008624802
10/28/02 01079 006 **150.00

8. Name and Address of Current Registered Agent

MAJID, JOYNUL
4801 W LINTON BLVD
DELRAY BEACH FL 33445

9. Name and Address of New Registered Agent

Name

RUPA ZEBUNNESSA

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

1525 SPRING HARBOR DR.

Suite, Apt. #, Etc.

APT. # I

City

DELRAY BCH.

State

FL

Zip Code

33445

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Rupa Zebunnessa
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-23-02

11. 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:

Rupa Zebunnessa
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-02 (561) 496 2328
Date Daytime Phone #

CR2E040 (8/02)

October '22nd 2002
Secretary of State
Tallahassee, FL

Dear Sir or Madam:

Please find enclosed Application of Modeena USA Inc., along with \$ 150.00

We had changed our address and had notified the Post Office, but something gone wrong and we could not get the UBR in original, and only yesterday my old neighbour gave me this 2nd Notice. You can See our address has changed.

Your good office can also see our old address which should be changed, please.

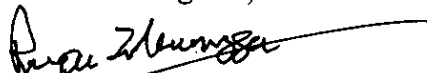
We are extremely thankful for you sympathetic consideration in this matter.

Please process these requests and send the Certificates of Reinstatement to the our new Office location given as under:

Modeena USA Inc.
4801 Linton Blvd. # 1A
Delray Beach, Fl 33445

Thank you.

With kind regards,


Rupa Zebunnessa Pr.