

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

03 JUN 23 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P99000097531

**1. Corporation Name** RRB ENTERPRISES INC.

**2. Principal Office Address**

6737 16th Ter. 'N'

Suite, Apt. #, etc.

# 366

**City & State**

ST. PETERSBURG

**Zip**

33710

**Country**

USA

**3. Mailing Office Address**

6737 16th Ter. 'N'

Suite, Apt. #, etc.

# 366

**City & State**

ST. PETERSBURG

**Zip**

33710

**Country**

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

11/5/1999

**5. FEI Number**

65-0961019

**Applied For**

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$9.75 Additional Fee required  
for a Certificate of Status

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

**Name**

SYED SHARFI

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

4623 Forest Hill Blvd # 109-2

**Suite, Apt. #, Etc.**

**City**

W. P. B

**State**

FL

**Zip Code**

33415

**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**

*[Signature]*

**Date**

6/5/03

REGISTERED AGENT MUST SIGN

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

<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
PR.	BA BUL AHMED	6737 16th TER N	ST. PETERSBURG, # 366 FL 33710

**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

6/5/03

Date

(561) 649-7742

Daytime Phone #

7/6/23

CR2E081 (10/02)

***A & K BOOKKEEPING & TAX CONSULTANTS***

***Syed H. Sharfi, M.B.A., B.B.A.***

***Accounting & Tax, Fla Atlantic University***

***Asif S. Sharfi, CPA***

***Office & fax (561) 640-4010***

***Residence (561) 697-3086***

June 9, 2003

Secretary of State  
Tallahassee, FL

Dear Sir or Madam:

**Charter # P99000097531/ RRB ENTERPRISES INC.**

We are submitting our Application of Reinstatement, for the above named Corporation. The address was changed and the Post Office was duly informed, but something gone wrong and we could not get the UBR in original.

**Your good office can also see our old address which should be changed, to our new address as appeared on Reinstatement Application.**

We will be extremely thankful for your sympathetic consideration in this matter.

Please process these requests and send a letter confirming that this Corporation is active.

Thank you.

Regards,



Syed Sharfi

Ak Bookkeeping & Tax Consultant.

4623 Forest Hill Blvd. , Suit 109-2.

W.P.B., Fla 33415