

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 FEB 24 PM 12:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P990000102100

1. Corporation Name

Family Belt, Inc.

400029253414  
02/23/04--01074--010 \*\*300.00

2. Principal Office Address

4174 INVERRARY DR.

Suite, Apt. #, etc.

703

City & State

Lauderhill, FL

Zip

33319

Country

US

3. Mailing Office Address

4174 Inverrary Drive

Suite, Apt. #, etc.

703

City & State

Lauderhill, FL

Zip

33319

Country

US

**REINSTATEMENT** 07-04

4. Date Incorporated or Qualified  
To Do Business in Florida

11-22-99

5. FEI Number

59361729

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

ISHAK ZAFRANI

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

4174 INVERRARY DRIVE

Suite, Apt. #, Etc.

703

City

LAUDERHILL

State

FL

Zip Code

33319

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

*Ishak Zafrani*

Date

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
DP	Ishak Zafrani	4174 Inverrary Drive # 703	Lauderhill, FL 33319

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)(f), 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:

*Ishak Zafrani*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

**FAMILY BELT, INC.**  
**4174 INVERRARY DRIVE # 703**  
**LAUDERHILL, FL 33319**  
(954) 553-9378

February 16, 2004

Re: Family Belt, Inc.  
Document # P99000102100

Dear Ms. Hood,

Please accept this check for \$300.00 as payment of the UBR filing fee for this current year, 2004, and last year, 2003. I never received the original document due to the fact that we moved and have a new mailing address. I have made the necessary changes on the form. I would appreciate if the late fee could be waived.

Thank you for your time and consideration in this matter.



Ishak Zafrani  
Family Belt, Inc.