

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN -6 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000106201

1. Corporation Name

FULYA ACIKGOZ, INC.

Principal Place of Business

21632 LYNHURST WAY
BOCA RATON FL 33428

Mailing Address

21632 LYNHURST WAY
BOCA RATON FL 33428

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/06/1999

5. FEI Number

65-0972580

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	ACIKGOZ, FAITH	9290 KETAY CIR., #4 21632 LYNHURST WAY	BOCA RATON FL 33428
P/D	ACIKGOZ, FULYA	21632 LYNHURST WAY	BOCA RATON, FL 33428

8. Name and Address of Current Registered Agent

ACIKGOZ, FAITH
9290 KETAY CIR., #4
BOCA RATON FL 33428

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12.15.02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/15/02 5612896226

CR2E040 (8/02)

FULYA ACIKGOZ, INC.
21632 LYNHURST WAY
BOCA RATON, FL 33428
561-488-0651

December 27, 2002

Re: Corporate Reinstatement

Florida Department of State: —

We have enclosed the Application for Reinstatement for Fulya Acikgoz, Inc. We are requesting reinstatement of the corporation and the wavier of the reinstatement fees as we never received the two previous corporation annual reports/uniform business reports that were to have been mailed to us. Our delay in submitting this reinstatement was that we had mailed it to our accountant for his review and just received it back in the mail.



Fulya Acikgoz, President