

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S27321**

1. Corporation Name

ARISHA PROPERTIES, INC.

Principal Place of Business

900 E. VINE ST.
KISSIMMEE FL 34744-4551

Mailing Address

900 E. VINE ST.
KISSIMMEE FL 34744-4551

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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

01/09/1991

SP

5. FEI Number

59-3044209

Applied For

X 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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PD	SULTAN, QUMAR	MAIN UNIVERSITY RD 10-D	KARACHI, PAKISTAN
VD	JUMANI, MOHAMED MUBEEN	MAIN UNIVER RD 10-D	KARACHI, PAKISTAN
V	CHAGANI, JAVAID NAVROZ ALI	14/29 LITTLETON ST	RIVERWOOD, SYDNEY N.S.W 2210 AUSTRALIA

500003046545--9
-11/16/99--01105--016
***758.75 ***758.75

8. Name and Address of Current Registered Agent

QUMAR SULTAN
900 EAST VINE STREET
KISSIMMEE FL 34744

9. Name and Address of New Registered Agent

Name
JAVAID CHAGANI
Street Address (P.O. Box Number is Not Acceptable)
900 EAST VINE STREET
Suite, Apt. #, Etc.

City
KISSIMMEE
State
FL
Zip Code
34744

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.

Signature of Registered Agent

Javaid Chagani
REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/21/1999

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAVAID CHAGANI

10/21/1999

(407)846-4600

Daytime Phone #