

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Pg. 10F2
FILED

00 APR -3 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

99-0043

DOCUMENT # V06765

1. Corporation Name
UKANI, INC.

2. Principal Office Address
8034 Wiles Road
Suite, Apt. #, etc.

3. Mailing Office Address
SAME
Suite, Apt. #, etc.

City & State
Coral Springs, FL

Zip 33067 **Country** USA

4. Date Incorporated or Qualified To Do Business in Florida 1-13-92

5. FEI Number 65-0307687 **Applied For** Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name Abdul Ukani

Street Address (P.O. Box Number is Not Acceptable) 8452 NW 47th Street

Suite, Apt. #, Etc.

City Coral Springs, FL 33067 **State** FL **Zip Code**

600003215126-2
-04/13/00-01093-015
****300.00 ****300.00

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

Abdul Ukani

Date 3/24/00

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
PRES	ABDUL UKANI	8452 NW 47th Street	Coral Springs, FL 3306

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:

Abdul Ukani ABDUL UKANI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/00
Date

(954) 755-6222
Daytime Phone #

KE

Pg. 2 of 2

Ukani, Inc.
8034 Wiles Road
Coral Springs, FL 33067
(954) 755-6222/Fax 8598

March 16, 2000

Department of State
Div. of Corporations
P.O. Box 6327
Tallahassee, FL 32314
(805) 488-9000

Attn. Tyrone K. Scott

Ref. Reinstatement Doc. No. V06765

Dear Mr. Scott,

Thank you for your assistance and for providing the reinstatement *form*.

Request a waiver on the \$400 late-fee as we did not receive the notice you had indicated. I have read the instructions and completed the reinstatement form which you will find *enclosed* with the \$300, *check* No. 939, as per our phone conversation 3/3/2000.

Thank you *again* for your time and cooperation concerning our reinstatement. If you have any questions or concern, please call me at (954) 755-6222 or Fax (954) 755-8598.

Respectfully yours,



Abdul M. Ukani
President & Owner

cc: PWH
Mr. Reyes