

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED *[Signature]*  
AND  
FILED

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

1996 OCT 18 PM 6:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V15084**

1. Corporation Name

**INSHALLAH INC.**

Principal Place of Business

**2135 SCHWAB CT.  
PENSACOLA FL 32504**

Mailing Address

**2135 SCHWAB CT.  
PENSACOLA FL 32504**



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

**02/17/1992**

5. FEI Number

**59-3107863**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<b>D</b>	<b>COWARD, WILLIAM</b>	<b>2135 SCHWAB CT.</b>	<b>PENSACOLA FL</b>

**500001984505-1**  
**-10/23/96-01091-009**  
**\*\*\*\*225.00 \*\*\*\*225.00**

*[Handwritten signature]*

8. Name and Address of Current Registered Agent

**COWARD, WILLIAM  
2135 SCHWAB CT  
PENSACOLA FL 32504**

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.

Signature of  
Registered Agent

*William R. Coward*  
REGISTERED AGENT MUST SIGN

Date

**9/16/96**

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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:

*William R. Coward*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**9/16/96**

Daytime Phone #

**(904) 474-6248**

48292

Inshallah Inc.  
2135 Schwab Court  
Pensacola, Florida 32504

October 1, 1996

Annual Report Section  
Division of Corporations  
Post Office Box 13900  
Tallahassee, Florida 32317

Attention: Division of Corporation

Enclosed is the Corporation Annual Report with the \$225 fee. We mailed in the annual report along with a check - number 132 for \$225. The check has not been clear in our bank account; therefore, it may have gotten lost in the mail.

Sincerely,



William R. Coward