

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
in and for the
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC -4 AM 8:01

DOCUMENT # V20243

1. Corporation Name

SAQIB INC.

Principal Place of Business

3204 W COMMERCIAL BLVD
TAMARAC FL 33309
US

Mailing Address

3204 W COMMERCIAL BLVD
TAMARAC FL 33309
US



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

03/11/1992

5. FEI Number

65-0320076

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
PD	BEDI, HUSSAIN A.	5304 N.W. 64TH TERRACE	LAUDERHILL FL 33319
VD	BEDI, SABERA H.	5304 N.W. 64TH TERRACE	LAUDERHILL FL 3319

700009346157
12/04/02--01034--007 **150.00

8. Name and Address of Current Registered Agent

BEDI, HUSSAIN A.
5304 NW 64 TERR
LAUDERHILL FL 33315

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

11-29-02

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 #

11-29-02 994-486-2297

CR2E040 (8/02)

3204 W. Commercial Blvd.
Tamarac, Florida 33309
(954) 486-2297

SAQIB INC. DBA DRYCLEAN U.S.A.

All work done on premises • Expert Alterations • Wedding Gowns Preserved • Same Day Service

Division of Corporation

11-29-02

Annual Report / Reinstatement Section

P.O. Box 6327

Tallahassee, FL 32314-6327

Sir,

RE. SAQIB INC.

Please reconsider to reinstate above corporation.
The appropriate filing fee is enclosed. For some reason
this year we did not appear to have received the annual
UBR report so far.

Thank you for your kind action.

Truly yours.

Hussain Badi

President

SAQIB INC.