

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 DEC 19 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V24501

1. Corporation Name

DHAKA, INC.

2. Principal Office Address - No P.O. Box #

4160 NW 12 Street

Suite, Apt. #, etc.

City & State

Lauderhill, FL

Zip

33313

Country

3. Mailing Office Address

307 NW 74th Way

Suite, Apt. #, etc.

City & State

Plantation, FL

Zip

33317

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

03/27/1992

5. FEI Number
650326729

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Hamida Urrashid

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

307 NW 74th Way

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33317

000242915100
12/19/12--01026--002 **1200.00

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

HAMIDA URRASHID

REGISTERED AGENT MUST SIGN

Date 12/17/12

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
DPST	Hamida Urrashid	307 NW 74th Way	Plantation, FL 33317
			S. HAWKES
			DEC - 2012
			EXAMINER

10. E-mail Address: rubysfashions@aol.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE: *HAMIDA URRASHID HAMIDA URRASHID* 12/17/12 954-609-2338

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #