

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **V63016**

1. Corporation Name

FATIMA & ALI, INC.

FILED
97 JAN 17 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~2020 E COMMERCIAL BLVD~~
~~BARNETT BANK TOWER PH SUITE A~~
~~FT LAUDERDALE FL 33308~~

1200 E. HILLSBORO
DEERFIELD BEACH FL 33441
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
1200 E. Hillsboro Blvd.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Deerfield Beach, Florida

City & State

Zip **33441**

Country
Broward

Zip

Country

REINSTATEMENT 96 mwb
1-21-97

4. Date Incorporated or Qualified
To Do Business in Florida

09/11/1992

5. FEI Number

65-0358547

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	VEGGIO, JOSEPH A JR	2020 E COMMERCIAL BLVD	FT LAUDERDALE FL
P	ASHIG, ALI Ali, Ashig	1200 E. HILLSBORO BLVD.	DEERFIELD BEACH FL 33441
			200002067952--6
			-01/24/97--01079--016
			****375.00 ****375.00

8. Name and Address of Current Registered Agent

~~VEGGIO, JOSEPH A JR~~
~~2020 E COMMERCIAL BLVD~~
~~BARNETT BANK TOWER PH SUITE A~~
FT LAUDERDALE FL 33308

9. Name and Address of New Registered Agent

Name **Ashig Ali**
Street Address (P.O. Box Number is Not Acceptable)
1200 East Hillsboro Blvd.
Suite, Apt. #, Etc.
City **Deerfield Beach** State **FL** Zip Code **33441**

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

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ashig Ali (President) 10-5-96 954-427-0740

CR2E040 (7/96)