

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
96 DEC 20 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000004672

1. Corporation Name
THE SPIRITUAL ASSEMBLY OF THE BAHAI'S OF BROWARD COUNTY SOUTH, FLORIDA, INC.

Principal Place of Business Mailing Address
470 LAKETREE DRIVE
FORT LAUDERDALE, FL 33326-1707

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc		Suite, Apt. #, etc		5. FEI Number	
City & State		City & State		Applied For	
Zip		Zip		Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

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
C	FARAMARZ ZAREEY	1181 HIDDEN VALLEY	WESTON, FL 33326
D	HEATHER HOSSEINI	1569 ISLAND WAY	WESTON, FL 33336
S	SAMANDAR HOSSEINI	1569 ISLAND WAY	WESTON, FL 33326
D	SIROOS ASBAGHI	470 LAKETREE DRIVE	FORT LAUDERDALE, FL 33326
T	ROYA FALLAH	1004 PINE BRANCH DR	WESTON, FL 33326
DC	SYLVESTER BREITHWAITE	3272 MURFIELD	WESTON, FL 33326

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SIROOS ASBAGHI 470 LAKETREE DRIVE FORT LAUDERDALE, FL 33326		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. City State 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: Siros Asbaghi Date: 12/13/96
REGISTERED AGENT MUST SIGN

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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: Siros Asbaghi Date: 12/13/96 Daytime Phone #: 305-888-3072
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR