

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 # **P05231**

1. Corporation Name

RAWAN INVESTMENTS, INC.

FILED

97 DEC 22 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O BERLAND - MAHONEY, COHEN, PAUL & CO
111 WEST 40TH STREET, 12TH FLOOR
NEW YORK NY 10018-2506

Mailing Address

C/O BERLAND - MAHONEY, COHEN, PAUL & CO
111 WEST 40TH STREET, 12TH FLOOR
NEW YORK NY 10018-2506



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

REINSTATEMENT 97 (S)

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

03/07/1985

5. FEI Number

04-2848506

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
PTD	NASHAR, MAHMOUD M.	PO BOX 6697, NA	JEDDAH, SAUDI ARABIA
AS	BARNETT, CYNTHIA FAYE	150 FEDERAL ST	BOSTON MA
S	SHACHOY, NORMAN J.	150 FEDERAL ST	BOSTON MA

100002383951-6
-12/26/97-01113-018
***750.00 ***750.00

8. Name and Address of Current Registered Agent

CIT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

REGISTERED AGENT MUST SIGN

Date

12/16/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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

12/9/97

Date

966 2 644 0202

Daytime Phone #