PLEASE READ ALL INSTRUCTIONS BEFORE C

FILED
May 18, 2005 8:00 am
Secretary of State

CORPORATION

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100055377991
05/26/05--01064--003 **458.75

DOCUMENT # P95000090005 W05-23725

REINSTATEMENT 03-05

1. Corporation Name
Alkhoury Property MGMT #2, Inc.
P.O. Box 3406
St. Augustine FCA 32085-

2. Principal Office Address
7018 AIA South

Suite, Apt. #, etc.

City & State
St. Augustine, FLA.

Zip 32080 Country St Johns

3. Mailing Office Address
P.O. Box 3406

Suite, Apt. #, etc.

City & State
St. Augustine FLA.

Zip 32085 Country St Johns

4. Date Incorporated or Qualified To Do Business in Florida
T Roberts MAY 24 20

5. FEI Number
59-3348455
☐ 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
SAM J. Alkhoury

Street Address (P.O. Box Number is Not Acceptable)
7018 AIA South

Suite, Apt. #, Etc.

City
St. Augustine

State FL Zip Code 32080

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 Sam J. Alkhoury Sec/Tres Date 4/28/05
REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

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
Pres Sec/Tres	SAM J. Alkhoury	7018 AIA South	St. Augustine FCA. 32080.
VP	Cindee Alkhoury	7018 AIA South	St. Augustine FCA 32080.

10. 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: Sam J. Alkhoury Sec/Tres 4/28/05 904-471-4950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #