

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JAN 25 PM 4: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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110F13

DOCUMENT # P99000091820

1. Corporation Name

HUSSEIN INC.

Principal Place of Business

1081 NW 27TH AVE.
POMPANO BEACH FL 33069

Mailing Address

1081 NW 27TH AVE.
POMPANO BEACH FL 33069



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

2. New Principal Office Address, If Applicable

2413 N.W. 9th St

3. New Mailing Office Address, If Applicable

2413 N.W. 9th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

10/19/1999

5. FEI Number

65-0955547

Applied For

Not Applicable

City & State

POMPANO BEACH FLA

City & State

POMPANO BEACH FLA

Zip

33069

Country

Zip

33069

Country

6. CERTIFICATE OF STATUS DESIRED

\$9.75 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	4 City / State / Zip
PD	HUSSEIN, YOUSEF	1081 NW 27TH AVE.	POMPANO BEACH FL 33069

400003631974--3
-02/05/01--01008--005
****300.00 ****300.00

00-01 UBR TB

8. Name and Address of Current Registered Agent

HUSSEIN, YOUSEF
1081 NW 27TH AVE.
POMPANO BEACH FL 33069

9. Name and Address of New Registered Agent

Name: HUSSEIN YOUSEF
Street Address (P.O. Box Number is Not Acceptable): 1081 N.W. 27th Ave
Suite, Apt. #, Etc.:
City: Pompano Beach State: FL Zip Code: 33069

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

X YOUSEF

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

01/10/01

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., 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:

X YOUSEF
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/10/01

Daytime Phone #

CR2E040 (8/00)

2012

01/10/00

1-23-2001
CORRECTIONS

TO DEPARTMENT OF STATE

RE: Hussein Inc.
ADMINISTRATIVE DISSOLUTION

As per conversation with your Department about our company dissolution above, in which your department had the wrong address and that we never received our 1st or 2nd annual reports, enclosed please find the original \$150⁰⁰ plus the reinstatement report as agreed with your department.

SORRY FOR ANY INCONVENIENCE THIS COULD HAVE CAUSED

ATTENTION:

1-23-2001 (CORRECTION)
PLUS 2001

150.00

TOTAL: 300.00

Sincerely yours
YOURSELF

HUSSEIN INC.

Thank Hussein Inc.