

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 25 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000091820

1. Corporation Name

HUSSEIN INC.

Principal Place of Business

2413 N.W. 9TH ST.
POMPANO BEACH FL 33069

Mailing Address

2413 N.W. 9TH ST.
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

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

10/19/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0955547

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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

300008594489
10/25/02--01066--007 **150.00

02 USE TO

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

CR2EM40 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent *Yousef* **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date *10-22-2002*

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: *Yousef* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-2002-9549701727
Date Daytime Phone #

Waived
REQUEST FEE FILE
WITHOUT (PENALTY) \$ 150.00
OCT. 27, 2002

To whom it may concern; (REQUEST of PENALTY
Waived

Hussein Inc., did not receive
A first (U.B.R) Notices, of Reinstatement,
I only receive the second notice, Never
the first one, I spoke to His Dept. And
was Ask to write A letter state that
WE NEVER Receive Notice, And that
All information is still the same
No Names changes or Address changes.
We still Do BUSINESS At,
1081 N.W. 27th AVE
Pompano Bch. Fla. 33069

I Yusef Hussein - PD. (President)
Yusef Hussein - Registered Agent
HUSSEIN INC. - Cooperation Name

P. 99000091820 - Document #
FEI # - 65-0955547

(WE NEVER)
Because they said we never receive
notice I am Ask for the Reinstatement
~~PENALTY~~ PENALTY be waived
And pay only the Reinstatement fee
of 150.00 \$ Am Send A check of A mount
at 150.00

Mailing Address:
Yusef Hussein
2413 N.W. 4th St.
Pompano Bch. FL 33069

Sincerely
Hussein
INC

10-22-2002

[PD. Yusef Hussein]