

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

DOCUMENT # F070000 58 753

1. Corporation Name

EAMAR CONSTRUCTION, INC.

2009 OCT 13 A 9:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300161661723  
10/13/09--01064--002 \*\*300.00  
CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #

7777 NW 146<sup>th</sup> St

Suite, Apt. #, etc.

3. Mailing Office Address

7777 NW 146<sup>th</sup> St

Suite, Apt. #, etc.

City & State

Miami Lakes, FL

Zip 33016

Country

USA

City & State

Miami Lakes, FL

Zip

33016

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

July 15, 2007

5. FEI Number

(EIN) 26-0193348

☐ 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

Dani Rada Fayad

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

8111 NW 68<sup>th</sup> St

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33166

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

300161661723  
10/13/09--01064--003 \*\*8.75

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

[Signature]

REGISTERED AGENT MUST SIGN

Date Oct. 9, 2009

**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
(M)	Jamil Jalloul	7103 W. Sunrise Blvd Apt 32	Plantation / FL / 33331
(S)	Mary Elaine Smith	4609 Prestone	Dearborn / MI / 48126
(T)	Ali Abu Farrah	7701 NW 7 <sup>th</sup> St Apt 709	Miami / FL / 33126
(D)	Bassem Wahab	2933 Somers Worth Ct	Orlando / FL / 32835

**REINSTATEMENT**

08-09

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 contained in Chapter 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct. 9, 2009

Date

(305) 322-8242  
(305) 918-4112

Daytime Phone #