

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR -1 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 263847

1. Corporation Name

JOE MASRI ASSOCIATES, INC.

200171032252
03/02/10--01040--023 **600.00

CR2E081 (11/09)

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

1209 - 79TH STREET S

Suite, Apt. #, etc.

3. Mailing Office Address

1209 - 79TH STREET S

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG, FL

Zip

33707

Country

PINELLAS

Zip

33707

Country

PINELLAS

4. Date Incorporated or Qualified
To Do Business in Florida

10/22/1962

5. FEI Number

59-0980060

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

ANA MASRI

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

1209 - 79TH STREET S

Suite, Apt. #, Etc

City

ST. PETERSBURG

State

FL

Zip Code

33707

☒ 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.

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

Ana Masri

REGISTERED AGENT MUST SIGN

Date 2-15-2010

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
P	JOSEPH MASRI	1209 - 79TH STREET S	ST. PETERSBURG, FL
V	ANA MASRI	1209 - 79TH STREET S	ST. PETERSBURG, FL
V	RACHEL ATRI	1209-79 TH STREET S	ST PETERSBURG, FL
V	DANIEL MASRI	1209-79 TH STREET S	ST PETERSBURG, FL
REINSTATEMENT RM			

10. E-mail Address: AMASRI@TAMPABAY.RR.COM

(To be used for future annual report notification)

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. I further certify, 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:

Ana Masri

ANA MASRI

2-15-2010

127-345245

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #