

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 OCT 31 AM 8:48

pk 113

DOCUMENT # **692651**

1. Corporation Name

SAADEH MARKETS, INC.

Principal Place of Business

~~753 CONNISTEE ROAD~~
~~WEST PALM BEACH FL 33413~~

Mailing Address

~~753 CONNISTEE ROAD~~
~~WEST PALM BEACH FL 33413~~

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

Suite, Apt. #, etc.

2617 OLD DIXIE HWY.

City & State

RIVIERA BEACH, FL

Zip

33404

Country

U.S.A.

Suite, Apt. #, etc.

2617 OLD DIXIE HWY.

City & State

RIVIERA BEACH, FL

Zip

33404

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

06/30/1981

5. FEI Number

59-2104134

Applied For

Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	SAADEH, MAZEN	753 CONNISTEE RD	W.PALM BEACH FL 33413

200002336412-16
-11/03/97--01107--021
*****750.00 *****750.00

8. Name and Address of Current Registered Agent

SAADEH, MAZEN
753 CONNISTEE RD
WEST PALM BEACH FL 33413

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Mazen Sadeh
REGISTERED AGENT MUST SIGN

Date **10-29-97**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on Intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-29-97 561 840-1556

CR20040 (8/97)