

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 AUG 14 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **754515**

1. Corporation Name

ARAB-AMERICAN CULTURAL CENTER, INC.

Principal Place of Business

Mailing Address

3326 PONCE DE LEON BLVD
CORAL GABLES FL 33134-7110
US

601 NE 171 ST.
MIAMI FL 33162
US

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.

Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



REINSTATEMENT 01-02

4. Date Incorporated or Qualified
To Do Business in Florida

10/03/1980

5. FEI Number

59-2088198

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTA	KATTOURA, MOUNEM R <i>P+T</i>	601 NE 171ST ST	N MIAMI BCH FL 33162
D	FARID, JAFAR <i>YOLA WARWAR</i>	145 N.E. 110 ST. <i>3619 SW 42 Ave</i> <i>Miami, FL.</i>	MIAMI FL <i>33134-7110</i>
D	SHALHUB, DON	6380 SW 44TH ST	MIAMI FL 33155
<i>S/D</i>	COREY, FLORENCE	6000 S W 30 ST	MIAMI FL <i>33155</i>
<i>#D</i>	PETTY, MARIE	2875 S.W. 17 AVE. <i>6000 SW 30st</i> <i>6000 SW 30st</i>	MIAMI FL <i>33155</i>
<i>#VP</i>	ELIAS GHAWI	6130 S.W. 93 AVE.	MIAMI FL <i>33173</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MOUNEM R. KATTOURA
601 N.E. 171 ST
MIAMI FL 33162

Tel 305
655-2000
or 442-1518

Name

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

Suite, Apt. #, Etc.

City

100007144011--8

-08/15/02-01057-019

****297.50 ****297.50

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

4/23/2002

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/2002

CR2E040 (8/01)