

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 754515

1. Corporation Name

ARAB-AMERICAN CULTURAL CENTER, INC.

Principal Place of Business

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

Mailing Address

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

FILED
03 NOV 10 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03

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
PT	KATTOURA, MOUNEM R	601 NE 171ST ST	N MIAMI BCH FL 33162
D	WARWAR, YOLA	3619 SW 42 AVE	MIAMI FL 33134
D	SHALHUB, DON	6380 SW 44TH ST	MIAMI FL 33155
SD	COREY, FLORENCE	6000 S W 30 ST	MIAMI FL
D	PETTY, MARIE	6006 SW 30 ST	MIAMI FL 33155
VP	GHAWI, ELIAS	6130 S.W. 93 AVE.	MIAMI FL 33173

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

Name

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

200024563642

Suite, Apt. #, Etc.

11/10/03--01059--006 **236.25

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/10/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Payphone Phone #

CR2E040 (7/03)