

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F09838

FILED
Jan 06, 2005
Secretary of State

Entity Name: SINBAD PAINTING & CARPENTER COMPANY

Current Principal Place of Business:

706 SHARAR AVE
OPA LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

706 SHARAR AVE
OPA LOCKA, FL 33054

New Mailing Address:

FEI Number: 65-0046171

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAAD, ADEL
706 SHARAR AVE.
OPA LOCKA, FL 33054 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ADEL RAAD

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: RAAD, ADEL,
Address: 706 SHARAR AVE.
City-St-Zip: OPA LOCKA, FL

Title: D () Delete
Name: RAAD, CHARAF,
Address: 706 SHARAR AVE.
City-St-Zip: OPA LOCKA, FL

Title: D () Delete
Name: RAAD, MOHAMAD,
Address: 706 SHARAR AVE.
City-St-Zip: OPA LOCKA, FL

Title: D () Delete
Name: KASSAM, RAAD
Address: 900 SHARAR AVE
City-St-Zip: OPA LOCKA, FL 33054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADEL RAAD

Electronic Signature of Signing Officer or Director

PRES

01/06/2005

Date