

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 SEP -9 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H36102

1. Corporation Name

Souvenir Holding of Florida, Inc.

c/o Register & Company, P.A.
Same as Principal Office Address

2. Principal Office Address

c/o Register & Company, P.A.

3. Mailing Office Address

Same as Principal Office Address

Suite, Apt. #, etc.

2600 Douglas Road, Suite 604

Suite, Apt. #, etc.

City & State

Coral Gables, FL

City & State

Zip

33134

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida December 28, 1984

5. FEI Number

59-2612588

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

REGISTER & COMPANY, P.A.

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

2600 DOUGLAS ROAD, SUITE 604

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33134

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

Mazen Zantout
REGISTERED AGENT MUST SIGN

Date

8.17.04

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
PTD	Samir Hallawi	2600 Douglas Road, Suite 604	Coral Gables, FL 33134
VSD	Mazen Zantout	2600 Douglas Road, Suite 604	Coral Gables, FL 33134

10. 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:

Mazen Zantout
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAZEN ZANTOUT

Date

8/17/04

Daytime Phone #

Samir Hallawi
SAMIR HALAWI

8/17/2004

CR2E081 (01/04)

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