

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

02 DEC 11 AM 9:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # H 97072

1. Corporation Name

AL-NAJAH, INC.

800009167108  
11/22/02--01037--007 \*\*150.00

2. Principal Office Address

4144 SALTWATER BLVD

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33615

Country

US

3. Mailing Office Address

4144 SALTWATER BLVD

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33615

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

01/30/1986

5. FEI Number

59-2635886

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

SINNO, NOUREDDINO

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

4144 SALTWATER BLVD

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33615

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 11/20/2002

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	SINNO, NOUREDDINE	4144 SALTWATER BLVD	TAMPA, FL, 33615
SD	SINNO, RAIFA	4144 SALTWATER BLVD	TAMPA, FL, 33615

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/2002 813-890-0211

Date

Daytime Phone #

CR2E081 (9/01)

AL-NAJAH, INC.  
Db: The Essex Restaurant  
4144 Saltwater Blvd  
Tampa, Florida 33615  
1-813-890-0211

December 09, 2002

Florida Department of State  
Division of Corporation  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: AL-NAJAH, INC.  
Ref. Number: H97072

I have called your office twice now, and have been told that because we did not receive this years renewal application, that we would not be required to pay the additional \$600.00 required to reinstate. In May of 2001, we moved our office and had a address change form submitted to the post office. Therefore, I am sending this back to you, for submission to reinstate our Corporation. Last year our address was 4601 W. Kennedy Blvd., STE 233, and now our address is 4144 Saltwater Blvd. I pray that this is all you need from us, because it is what I was instructed to send. You already have our \$150.00, and we are waiting for the reinstatement to be able to conduct business. If you need any further information, please call 813-890-0211 and ask for Carolyn L. Cardinale.

Thank you for your patience.

Thank you.

  
Carolyn L. Cardinale  
Office Manager