

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **K67173**

1. Corporation Name
AL KULAIBI DEVELOPMENT, INC.

Principal Place of Business
3681 John Anderson
Ormond Beach, FL.
32176

Mailing Address
P. O. Box 2545
Ormond Beach, FL.
32175-2545

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State
Ormond Beach, FL

Zip 32176

Country
USA

3. New Mailing Office Address, If Applicable

P. O. Box 2545

Suite, Apt. #, etc.

City & State
same

Zip 32175-2545

Country
USA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida 02/21/1989 **SP**

5. FEI Number

59-2949540

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	Saud Al Kulaibi	3681 John Anderson Dr.	Ormond Beach, FL. 32176

800003046348--5
-11/16/99--01096--007
****750.00 ****750.00

8. Name and Address of Current Registered Agent

Charles Nunziato
711 North St.
Daytona Beach, FL. 32114

9. Name and Address of New Registered Agent

Name Robert Kit Korey
Street Address (P.O. Box Number is Not Acceptable)
595 W. Granada Blvd.
Suite, Apt. #, Etc.
Suite A
City Ormond Beach State FL Zip Code 32174

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 11/1/99

11. This corporation owes the current year

Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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

Saud Al Kulaibi

11-1-99

Date

904 677 3431

Daytime Phone #

CR2E001 (12/98)