

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L67584

1. Corporation Name

HATEM, BISHOUTY & MAZZAWI, INC.

Principal Place of Business

51 S HOMESTEAD BLVD
HOMESTEAD FL 33030-7421

Mailing Address

51 S HOMESTEAD BLVD
HOMESTEAD FL 33030-7421

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

4. Date Incorporated or Qualified
To Do Business in Florida

04/24/1990

5. FEI Number

65-0188910

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DP	HATEM, FOUAD	51 S HOMESTEAD BLVD	HOMESTEAD FL
DVT	MAZZAWI, TOUFIC	51 S HOMESTEAD BLVD	HOMESTEAD FL
V	HATEM, ISSA	51 S HOMESTEAD BLVD	HOMESTEAD FL
VS	MAZZAWI, MONEM	51 S HOMESTEAD BLVD	HOMESTEAD FL
V	BISHOUTY, GHASSAN	51 S HOMESTEAD BLVD	HOMESTEAD FL
V	HATEM, LEWIS	51 S HOMESTEAD BLVD	HOMESTEAD FL

8. Name and Address of Current Registered Agent

FELDMAN, DAVID, ESQ.
407 LINCOLN RD
MIAMI FL 33139

9. Name and Address of New Registered Agent

Name

Fouad M Hatem

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

51 S. Homestead Blvd

Suite, Apt. #, Etc.

City

Homestead FL

State

FL

Zip Code

33032

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 10.24.97

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-11/06/97-01092-013

***\$45.00 fee for *** on intangible tax.

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30. Yes ☐ No ☐

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

Fouad M Hatem

10.24.97

Date

Daytime Phone #

305 245 1260

FILED

97 OCT 29 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

[Handwritten mark]

CR25040 (8/97)