

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 22 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
400009167064
11/22/02--01037--004 **150.00

DOCUMENT # L89885

1. Corporation Name

SALAMEH & KANDAH CORPORATION

Principal Place of Business

% SALIBA SALAMEH
2708 N. MAIN ST.
JACKSONVILLE FL 32206

Mailing Address

% SALIBA SALAMEH
2708 N. MAIN ST.
JACKSONVILLE FL 32206

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

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/29/1990

5. FEI Number

59-3028405

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 3	City / State / Zip 4
DP	SALAMEH, SALIBA	3763 CATHEDRAL OAKS PL S	JACKSONVILLE FL

8. Name and Address of Current Registered Agent

SALAMEL, SALIBA
2708 N. MAIN ST.
JACKSONVILLE FL 32206

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 11/20/02

Date

X 904/353-8191

Daytime Phone #

SALAMEH & KANDAH CORPORATION
2708 N. MAIN STREET
JACKSONVILLE, FL 32206

November 20, 2002

Florida Dept of State
Annual Report/reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Sir:

Enclosed is the Company's 2002 Annual Report and a payment of \$150.00 for the annual fee.

I did not receive the initial annual report which was to be paid prior to May 1, 2002. I request that the FL Dept. of State accept this late filing and payment.

Thank you for your consideration in this matter.

Sincerely,

Saliba Salameh, President