

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # L96066

1. Entity Name
ELREHA PRINTED CIRCUITS CORPORATION



Principal Place of Business
2510 TERMINAL DR. SOUTH
ST. PETERSBURG, FL 33712

Mailing Address
2510 TERMINAL DR. SOUTH
ST. PETERSBURG, FL 33712

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



4. FEI Number
59-3027094

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAMADEH, AHMAD
2510 TERMINAL DR S
ST PETERSBURG, FL 33712

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28/05
DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS ☐ Delete
NAME HAMADEH, ABDUL
STREET ADDRESS 2510 TERMINAL DR S
CITY-ST-ZIP ST PETERSBURG, FL

TITLE ☐ Change ☐ Addition
NAME 400054510484
STREET ADDRESS 05/13/05--01046--016 **150.00
CITY-ST-ZIP

TITLE V ☐ Delete
NAME HAMADEH, AHMAD
STREET ADDRESS 2510 TERMINAL DR S
CITY-ST-ZIP ST PETERSBURG, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05

Date

Daytime Phone #



ELREHA

**PRINTED CIRCUITS
CORPORATION**

April 28, 2005

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Reinstatement & Waiver of late fee

Dear Sir/Madam:

Last year Elreha Printed Circuits filed the Uniform Business Report form # L96066 online and to our knowledge made payment online via credit card. The online transaction completed and we were unaware that the payment was not processed for our annual renewal. Due the circumstances please accept the \$300 payment enclosed and waive the reinstatement fee or any late charges and reinstate Elreha Printed Circuits for 2004 and 2005.

Kind Regards,

Ahmad Hamadeh, Vice President
Elreha Printed Circuits

