## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REIN FLORIDA DEPARTMENT OF ST Katherine Harris Secretary of State DIVISION OF CORPORATIONS					FILED FILED FISION OF STALE			
DOCUMENT # M80389  1. Corporation Name					OI NOV -1 AMII: 52			
HABIB ENTERPRISES, INC.							Je	
·	lace of Business	Mailing Addre			 	DE CONTR DUCTOR DECENTION OF DISCONDERS OF DESCRIPTION OF DESCRIPT	, Dir Bebir Bibli 418() (11)	
201 N US HWY 1 SUITE C-1 JUPITER FL 33 US  If above addresses are incorrect in any way, line through incorrect in								
2. New Prin	incipal Office Address, If Applicable		nformation and e ing Office Addres		Date Incorp     To Do Busin	porated or Qualified ness in Florida		
	10 5. CONGRESS AU. #, etc. 1NTANA FL 33462	Suite, Apt. #, e	etc.		5. FEI Number	U3/11	1/1988 Applied For	
City & State		City & State		3/(1/0	-	65-0138124	Applied For Not Applicable	
Zip				Country	6. CERTIFICATE OF STATUS DESIRED Tor a Certificate of State		Additional Fee required Certificate of Status	
	and Street Addresses of Each Officer and/o	r Director (Flor	ida nonprofit co	orporations must list at leas Street Address of Each	***	T		
Title(s) 1	Title(s) Name of Officers and/or Directors			3 Officer and/or Director		City / State	/ Zip	
P	P HABIB, MARK 104			04 HAMPTON CIR.		JUPITER FL		
VP	HABIB, HELEN-MARY 18145 SE HERI			ERITAGE DR	TEQUESTA FL			
S	HABIB, STELLA	18145 SE HE	8145 SE HERITAGE DR		TEQUESTA FL			
T	HABIB, SELIM YOUNGS	18145 SE HE	18145 SE HERITAGE DR		TEQUESTA FL			
			400046951840 -11/27/0101048012 ****150.00 ****150.00					
	8. Name and Address of Current Ro				^ Name and I	Address of New Registered Age		
		)gistereu my		Name				
HABIB, 104 HAI	MARK MPTON CIR.			Street Address (P.	O. Box Number	is Not Acceptable)	CR2E040 (8/01)	
	R FL 33458			Suite, Apt. #, Etc.				
City							Zip Code	
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								
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 filling 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  Date  Date  Date								

## Habib Entreprises Inc.

D.B.A.: Congress Shell' 6020 S. Congress Av. Lantana, FL 33462 Tel (561) 439-3396, Fax (561) 968-1459

Florida Department of State
Division of Corporations
Annual report/ reinstatement section :
Ref. FEIN 65-0138124

October 26, 2001

## Dear Sir/Madam

We received your notice of dissolution of the corporation. We believe there's been a misunderstanding in the paperwork of the corporation. The notice was sent to the address 201N. US Hwy One, Jupiter, FL. This location was for a former business we owned under Bresler's Ice Cream & Yogurt. The latter was closed in February 2001 and apparently it was registered as the main address for the corporation.

Under the corporate name of Habib Entreprises Inc. we also do business as Congress Shell at 6020 S. Congress Ave. in Lantana, Fl. We never received the notice on time to file it by May 2001 as it should have been. We ask you to please waive the penalty and we are enclosing a check of \$150.00 for the corporation renewal.

We thank you for your understanding.

Sincerely,

Marv Habib