

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

✓ APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 DEC -2 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M80389

1. Corporation Name

HABIB ENTERPRISES, INC.

Principal Place of Business

6020 S CONGRESS AVE
LANTANA FL 33462
US

Mailing Address

6020 S CONGRESS AVE
LANTANA FL 33462
US

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

05/11/1988

5. FEI Number

65-0138124

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

03

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
P	HABIB, MARK	104 HAMPTON CIR.	JUPITER FL
VP	HABIB, HELEN-MARY	18145 SE HERITAGE DR	TEQUESTA FL
S	HABIB, STELLA	18145 SE HERITAGE DR	TEQUESTA FL
T	HABIB, SELIM YOUNES YOUNES	18145 SE HERITAGE DR	TEQUESTA FL

700025161477
12/02/03--01046--025 **150.00

8. Name and Address of Current Registered Agent

HABIB, MARK
104 HAMPTON CIR.
JUPITER FL 33458

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

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

REGISTERED AGENT MUST SIGN

Date

12/1/03

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

MARK HABIB

Date

12/1/03

Daytime Phone #

561-683-0430

CR2E040 (7/03)

Habib Enterprises Corp.

6020 S. Congress Ave, Lantana, FL 33462
Office: (561) 439-3396 Fax: (561) 968-1459

December 1, 2003

*State of Florida
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399*

Re. Document # M80389

Dear Sir/Madam,

I had received the Annual Report for 2003 but never filed it because I had a contract for sale of my business as of June 2003. The prospect buyer was also purchasing my other corporation Habib Petroleum Corp. Both corporations were running gas stations and were being sold to the same individual. That buyer took several months for his contractual obligations but unfortunately the contract fell through. At this point I am requesting that you kindly waive the penalty for filing late due to the unexpected circumstances. I'm enclosing the Annual Report with a check for \$150.00 and hope that we get reinstated as soon as possible. I thank you for your cooperation and assistance in the matter.

Sincerely,



*Mark Habib
President*