

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name
N35936

ARAB AMERICAN COMMUNITY CENTER, INC.

2. Principal Office Address

7041 GRAND NATIONAL DR

Suite, Apt. #, etc.

SUITE 231

City & State

ORLANDO, FL

Zip

32819

Country

ORANGE

3. Mailing Office Address

7041 GRAND NATIONAL DR

Suite, Apt. #, etc.

SUITE 231

City & State

ORLANDO, FL

Zip

32819

Country

ORANGE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900058534129
08/12/05--01049--007 **297.50

REINSTATEMENT 04-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/27/1990

5. FEI Number

59-3064354

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CHARLES D. WILDER

Street Address (P.O. Box Number is Not Acceptable)
1131 SYMONDS AVE

Suite, Apt. #, Etc.

City

WINTER PARK

State

FL

Zip Code

32789

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date

7/13/05

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	ABID-V. NEAL	1805 OAK VISTA TERR	ORLANDO, FL 32824
S	LOUKACH, DYNA	7041 GRAND NATIONAL DR	ORLANDO, FL 32819
T	SEIF, ALI	7041 GRAND NATIONAL DR	ORLANDO, FL 32819
D	ARURI, HASSAN	10306 WINDERMERE CHASE BLVD	DUNCAN FALLS, OH 43734
D	MAALI, ZEJAD DR	6289 INDIAN MEADOW ST	ORLANDO, FL 32819
D	RIZKLLAH, KHALIL	8704 BENOIT AVE	ORLANDO, FL 32836

10. 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:

DYNA LOUKACH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/13/05

Daytime Phone #

CR2E081 (01/05)