

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N94000000759**

1. Corporation Name

**LEBANESE-AMERICAN CLUB OF JACKSONVILLE, INC.**

Principal Place of Business

Mailing Address

4345 UNIVERSITY BLVD  
STE 3  
JACKSONVILLE FL 32216  
US

P O BOX 23526  
JACKSONVILLE FL 32241-3526  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/15/1984

Sp

5. FEI Number

59-3224722

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	ASSI, JOHN DR.	3741 CATHEDRAL OAKS PL N.	JACKSONVILLE FL 32217
P	BAHRI, GABY DDS	7925 MERRILL RD APPT # 1908	JACKSONVILLE FL 32277
V	RICHA, NEHME MR.	8434 PAPELON WAY	JACKSONVILLE FL 32217
D	BARAKAT, PAUL	6722 LA LOMA DRIVE	JACKSONVILLE FL 32217
D	FAZA, SALEM	13048 BRIANS CREEK DR	JACKSONVILLE FL 32217
D	SHAMALY, LOUIS	9280 JAYBIRD CIRCLE EAST	JACKSONVILLE FL 32217

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GABY BAHRI DDS  
7925 MERRILL RD APPT #1908  
JACKSONVILLE FL 3227

Name

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

Suite, Apt. #, Etc.

City

4000002045574--1

-11/16/99--01052--013

\*\*\*226 25 \*\*\*226 25

State

Zip Code

FL

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

Gaby Bahri

Date 11-02-1999

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:

GABY BAHRI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-02-1999

Date

Daytime Phone #

(904) 448-9669