

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 JUN 13 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300104319453
06/13/07--01032--005 **428.75

DOCUMENT # N99000000870

1. Corporation Name

AL-HEDAIH FOUNDATION, INC.

2. Principal Office Address - No P.O. Box #

615 East Princeton St.

3. Mailing Office Address

P.O. Box 160966

Suite, Apt. #, etc.

240

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Altamonte Springs, FL

Zip

32803

Country

USA

Zip

32716

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/9/1999

5. FEI Number

59-3649297

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 Mostafa Howeedy

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

615 East Princeton St.

Suite, Apt. #, Etc.

240

City

Orlando

State

FL

Zip Code

32803

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Mostafa Howeedy
REGISTERED AGENT MUST SIGN

Date 6/6/07

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
D-P	Al-Malt, Ahmed, MD	615 East Princeton St. # 240	Orlando, FL 32803
D-V	Hennawy, Mohamed	615 East Princeton St., #240	Orlando, FL 32803
D-S	Ghazall, Mohamed, PE	615 East Princeton St., #240	Orlando, FL 32803
D-T	Howeedy, Mostafa	615 East Princeton St., #240	Orlando, FL 32803

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 contained in Chapter 119, 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:

Mostafa Howeedy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mostafa Howeedy

6/6/07

Date

407-617-0982

Daytime Phone #