

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 28 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
200009524552
12/16/02--01061--003 **236.25

DOCUMENT # N99000000906

1. Corporation Name

ALKHAIRAT, INC.

Principal Place of Business

1906 W. KENNEDY BLVD.
TAMPA FL 33606

Mailing Address

1906 W. KENNEDY BLVD.
TAMPA FL 33606

3816A
NW 45th St
Gainesville FL 32606



REINSTATEMENT

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

02/10/1999

5. FEI Number

APPLIED FOR

59-3723096

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$6.75 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	KAHEEL, MAHMOUD	5701 PALM RIVER ROAD 3816A NW 45th St Gainesville	TAMPA FL 33619
O	BAWI, NASSER	1100 SATIN LEAF STREET	HOLLYWOOD FL
D	ALI, SYED LAEQ	602 OCONEE AVENUE	DAVIS ISLAND, TAMPA FL 33606
D	SAMARTIN, ROBERT	60 MADISON STREET	TAMPA FL 33602
O	SORATHIA, YAHYA	7801 COPWOOD AVENUE	TAMPA FL 33637
O	ALABSI, BASHIR	12710 N. 53RD STREET	TAMPA FL 33617

8. Name and Address of Current Registered Agent

KAHEEL, MAHMOUD

5701 PALM RIVER ROAD
TAMPA FL 33619
3816A NW 45th St
Gainesville, FL 32606

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32606

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

200009524552
01/28/03--01021--001 **61.25

Date Dec 13.02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec 13.02

Date

Daytime Phone #

CR2E040 (8/02)