

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 OCT 20 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000037475

1. Corporation Name

KADDOURI ENTERPRISES INC.

Principal Place of Business

Mailing Address

7335 COPPERFIELD CIRCLE
LAKE WORTH FL 33467

7335 COPPERFIELD CIRCLE
LAKE WORTH FL 33467



REINSTATEMENT

03

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

4. Date Incorporated or Qualified
To Do Business in Florida

04/10/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1041518

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PVTS	KADDOURI, ZIA A ZIAD T	7335 COPPERFIELD CIRCLE	LAKE WORTH FL 33467

200023922882
10/20/03--01006--007 **150.00

10/22

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KADDOWN, ZIAD
7335 COPPERFIELD CIRCLE
LAKE WORTH FL 33467

Name

ZIAD T KADDOURI

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

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 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., the 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 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

Date

Daytime Phone

10-10-03

**KADDOURI
ENTERPRISES INC.**

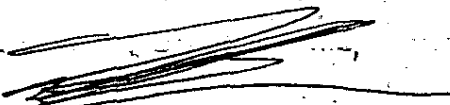
October 15, 2003

7335 COPERFIELD CIR.
LAKEWORTH, FL 33467

Dear Sir or Madam:

I did not received any notice or report for the year 2003. I thank you in advance for your help in this matter.

Sincerely,

A handwritten signature in dark ink, appearing to be 'ZIAD T KADDOURI', with several horizontal strokes underneath.

ZIAD T KADDOURI