

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

02 DEC 30 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 900000079868

**1. Corporation Name**

844 ALTON ROAD, INC.

**2. Principal Office Address**

844 Alton Road

Suite, Apt. #, etc.

2nd Floor

City & State

Miami Beach, FL

Zip

33135

Country

USA

**3. Mailing Office Address**

1700 NE 199th Street

Suite, Apt. #, etc.

City & State

North Miami Beach, FL

Zip

33179

Country

USA

**REINSTATEMENT** 02

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

08/23/2000

**5. FEI Number**

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

Pedro A. Gonzalez

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

201 Alhambra Circle

Suite, Apt. #, Etc.

Suite 705

City

Coral Gables

State

FL

Zip Code

33134

**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

REGISTERED AGENT MUST SIGN

Date 12-23-02

**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	Ali Ayoub Bazzi	1700 NE 199th Street	North Miami Beach, FL 33179
D	Abdaja Fayez Kalil	844 Alton Road, 2nd Floor	Miami Beach, FL 33135

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-23-02 305-445-0937

CR2E081 (9/01)