

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 SEP 25 PM 2:40

DOCUMENT # P01000018868

**1. Corporation Name**

JALLAD & ASSOCIATES, INC.

000023333380  
09/25/03--01053--027 \*\*300.00

**2. Principal Office Address**

10801 N. 56th St.

Suite, Apt. #, etc.

**3. Mailing Office Address**

10801 N. 56th St.

Suite, Apt. #, etc.

**City & State**

Tampa, FL

**City & State**

Tampa, FL

**Zip**

33617

**Country**

USA

**Zip**

33617

**Country**

USA

**REINSTATEMENT**

02-03

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

2/19/2001

**5. FEI Number**

59-3701733

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**

AHMAD A. JALLAD

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

10801 N. 56th Street

Suite, Apt. #, Etc.

**City**

Tampa

State  
**FL**

Zip Code  
33617

**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

**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/V S/T	AHMAD JALLAD	10801 N. 56th St.	Tampa, FL 33617

**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:**

*Ahmad Jallad* AHMAD JALLAD 9/19/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

0126 AH

JALLAD & ASSOCIATES INC

2/2

10801 N 56TH STREET

TAMPA, FL 33617

August 28, 2003

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir/ Madam:


Please find attached the application for reinstatement along with a check for \$300.00 representing annual renewal fees for 2002 and 2003. We are requesting your reconsideration of the amount charged for reinstatement of the corporation. This was the first time we received any correspondence from you regarding the business report. Also, it is only when we received this notice that we became aware of the fact that an annual renewal is required.

Please accept our check as a settlement for both years. As a small corporation, the reinstatement amount required will impose hardship on our operation.

If you have any question, please call me at (813) 985-2020.

Your immediate attention will be greatly appreciated.

Sincerely,

  
AHMAD JALLAD  
PRESIDENT