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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

04 NOV 15 AM 10:54

DOCUMENT #

1. Corporation Name

MUSTAFA HADID, PA

POI 000038920

2. Principal Office Address

5713 CLIMBING ROSE WAY

Suite, Apt. #, etc.

3. Mailing Office Address

5713 CLIMBING ROSE WAY

Suite, Apt. #, etc.

City & State

SANFORD, FL

Zip

32771

Country

U.S.

City & State

SANFORD, FL

Zip

32771

Country

U.S.

REINSTATEMENT 04

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

5. FEI Number

59-3713243

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

MUSTAFA HADID

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

5713 CLIMBING ROSE WAY

Suite, Apt. #, Etc.

City

SANFORD

State

FL

Zip Code

32771

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 X

Date

REGISTERED AGENT MUST SIGN

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
PD	MUSTAFA M HADID	5713 CLIMBING ROSE WAY	SANFORD, FL 32771
VD	MARTHA L HADID	5713 CLIMBING ROSE WAY	SANFORD, FL 32771

400042752324

11/15/04--01065--015 **450.00

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/19/04

Daytime Phone #

CR2E081 (01/04)

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MUSTAFA HADID, PA
P01000038920

OCTOBER 19, 2004

DEPARTMENT OF STATE
DIVISION OF CORPORATION
PO BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

PLEASE WAIVE THE PENALTY AND ACCEPT MY CHECK FOR 450 DOLLARS COVERING 2002,
2003 AND 2004 AND REINSTATE MY CORPORATION BECAUSE I NEVER RECEIVED THE ANY
REPORTS FOR THOSE YEARS

THANK YOU FOR YOU ATTENTION,



MUSTAFA HADID- PRESIDENT