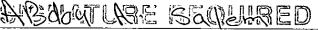
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** n emith FILED **FOR** ecretary of State DIVISION OF CORPORATIONS 03 JAN -2 AH 8:45 P01000062110 DOCUMENT # SECRETARY OF STATE IALLAHASSEE, FLOSTIA 1. Corgoration Name PORT-SAID ENGINEERING AND CONTRACTING OFFICE. IN Principal Place of Business Mailing Address 450 EGREK CIRCLE 450 EGREK CIRCLE 9103 DELRAY BEACH FL 33444 DELRAY BEACH FL 33444 US US 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 06/21/2001 To Do Business in Florida Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number 2661-Applied For City & State City & State Not Applicable Ponepano Hom Pano \$8.75 Additional Fee required for a Certificate of Status 33*569* ص کی 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) City / State / Zip and/or Directors Officer and/or Director Ρ Salem, abdou a 450 EGREK CIRCLE **DELRAY BEACH FL 33444** 300009472493 /!!!!!?--!!!!!?--!!!4 300009472493 <del>01/02/b3--01863--004 \*\*150.00</del> 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 10 Smine SALEM, JASMINE Street Address (P.O. Box Number is Not Acceptable) **450 EGREK CIRCLE** 9103 Suite, Apt. #, Etc. **DELRAY BEACH FL 33444** State Zip Code 33069 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 Date 10.31.02 REGISTERE

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 filling 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.



10-31.62 Daytime Phone

To: Florida Dept. of State

**Division of Corporations** 

PO Box 6327

Talahassee, FL. 32314-6327

From: Port Said Engineering and Contracting Office, Inc.

Re; Annual Report / Reinstatement

Dear Sirs,

Please see the enclosed Application for Reinstatement. As we discussed with your office, we never received the Annual Report Forms. We are a new company and now we are aware of our obligations and can promise that the annual reports will be filed in a timely manner in the future.

Per our understanding with your office, you will allow us to pay the annual report fee of One Hundred Fifty (\$150.00) Dollars to be reinstated.

We thank you for your help in this matter.

Robert Lewis

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