

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -5 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000066346

1. Corporation Name

FOUR BROTHERS ENTERPRISES, INC.

2. Principal Office Address

3450 45TH STREET

Suite, Apt. #, etc.

City & State

VERO BEACH, FL

Zip

32960

Country

USA

3. Mailing Office Address

7210 PIONEER LAKES CIRCLE

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

Zip

33413

Country

USA

REINSTATEMENT

03-04

000035536170

05/05/04--01051--006 **300.00

4. Date Incorporated or Qualified

To Do Business in Florida 06/28/2001

5. FEI Number

65-0117809

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

FADI ALSAYED

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

3450 45TH STREET

Suite, Apt. #, Etc.

City

VERO BEACH

State
FL

Zip Code
32960

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

Fadi Alsayed
REGISTERED AGENT MUST SIGN

Date 4/26/04

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
P	AMENA ALSAYED	3450 45TH STREET	VERO BEACH, FL 32960
VP	FADI ALSAYED	3450 45TH STREET	VERO BEACH, FL 32960

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:

Fadi Alsayed
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04

Date

561-649-7742

Daytime Phone #

CR2E081 (01/04)

13 2 of 2

FOUR BROTHERS ENTERPRISES, INC.

3450 45TH STREET
VERO BEACH FL 32960
PH / FAX: (561) 649-7742

April 26, 2004

REINSTATEMENTS
Division of Corporations
Florida Department of State
Tallahassee, Florida

**RE: Reinstatement Penalty Waiver for FOUR BROTHERS ENTERPRISES, INC.
Document # P01000066346**

Dear Sir or Madam:

Please accept the attached Reinstatement Application for **FOUR BROTHERS ENTERPRISES, INC., Document # P01000066346** without penalty.

We did not receive any of the previous notices concerning this matter and hereby request a waiver of any penalties associated with this filing.

We have enclosed a check for \$300.00 for the years 2003 and 2004.

Thank you for your assistance.

Regards,



Fadi Alsayed