

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 26 AM 8:44

DOCUMENT # P0100011155

1. Corporation Name

YOUSRI, INC.

SECRETARY OF STATE  
400009223814  
11/26/02--01053--004 \*\*150.00

Principal Place of Business

8201 NW 17 AVE  
MIAMI FL 33147

Mailing Address

8201 NW 17 AVE  
MIAMI FL 33147



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/21/2001

5. FEL Number

65-1154586

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTVS	HIRBAWI, ABEER ALYAN	505 NW 108 TERRACE	PEMBROKE PINES FL 33026
D	HIRBAWI, ABEER ALYAN	505 NW 108 TERRACE	PEMBROKE PINES FL 33026

8. Name and Address of Current Registered Agent

HIRBAWI, ABEER ALYAN  
8201 NW 17 AVE  
MIAMI FL 33147

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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 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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

NOV 22/02 305(693-550)

Yousri Inc.  
8201 NW 17th. Avenue  
Miami, Fl. 33147


November 22-2002

Re"APPLICATION FOR REINSTATEMENT

Following your instructions we are enclosing the application for  
reisntatement with the fee of \$150.00.

We are enclosing copy of the (UBR) document mailed April 18,02,  
which apparently was either lost or misplaced. Check mailed  
with form never cleared tru the Bank.

Sincerely yours.



HIRBAWI, ABEER ALYAN,  
President, Yousri Inc.