

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 SEP 19 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0160011200

1. Corporation Name

KHDEIR TRUCKING INC.

2. Principal Office Address

6308 E. WHITE WAY

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33617

Country

USA

3. Mailing Office Address

P.O. BOX 290242

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33687

Country

USA

4. Date Incorporated or Qualified
To Do Business In Florida

11/21/01

5. FEI Number

59-3758256

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-03

7. Name and Address of Current Registered Agent

Name

ABDELRAHMAN ABUKHDEIR

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

6308 E. WHITE WAY

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33617

500023179695

09/19/03--01/01/03--001 **900 00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

9/12/03

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/D	ABDELRAHMAN ABUKHDEIR	6308 E. WHITE WAY	TAMPA, FL 33617
S/D	MAHMOUD ABUKHDEIR	6308 E. WHITE WAY	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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ABDELRAHMAN ABUKHDEIR

Date

Daytime Phone #

9/12/03

CR2E081 (10/02)

9/15

KHDEIR TRUCKING INC.
6308 E WHITE WAY
TAMPA, FL 33617

September 12, 2003

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

Dear Sir/ Madam:

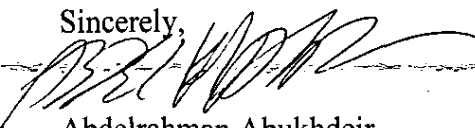
Please find attached the application for reinstatement along with a check for \$300.00 representing annual renewal fees for 2002 and 2003. We are requesting your reconsideration of the amount charged for reinstatement of the corporation. We only realized that the corporation has been administratively dissolved when our tax preparer accessed the DOS web site on the internet. We did not receive any correspondence from DOS before nor we had any knowledge about the requirement.

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) 732-4292

Your immediate attention will be greatly appreciated.

Sincerely,



Abdelrahman Abukhdeir
President