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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # *P01000119665*

1. Corporation Name
Rhonda & Amanda, Inc.

2. Principal Office Address
229 N. Dixie Highway

3. Mailing Office Address
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Hallandale, Fl.

City & State

Zip
33009

Country
Broward

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida *12/19/01*

5. FEI Number
65-1159984

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
Esam Natour

Street Address (P.O. Box Number is Not Acceptable)
229 N. Dixie Highway

300008835843
*11/06/02--01121--016 **150.00*

Suite, Apt. #, Etc.

City
Hallandale, Fl.

State
FL

Zip Code
33009

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 *Esam Natour*

Date *10-31-2002*

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
<i>Pres.</i>	<i>Esam Natour</i>	<i>2000 N. 51 st. Ave,</i>	<i>Hollywood, Fl. 33021</i>

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: *Esam Natour*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-31-2002

Date

Daytime Phone #

CR2E081 (9/01)

gr 11/1/02

**RHONDA & AMANDA, INC.
229 N. DIXIE HIGHWAY
HALLANDALE, FL 33009**

October 24, 2002

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

RE: UNIFORM BUSINESS REPORT
RHONDA & AMANDA, INC.
DOCUMENT # P01000119665

Dear Sir/Madam:

Please be advised that we did not receive the pre printed/original Uniform Business Report Packet for 2002 for the above-mentioned corporation. We have been closed for several time periods, and have had some problems receiving our mail.

Enclosed please find a check in the amount of \$150.00 for the original fee with the signed report.

Thank you for your cooperation in this matter.

Sincerely,

Esam Natour
President

