

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000054344

1. Corporation Name

ST. PETERSBURG 476 INC.

Principal Place of Business

Mailing Address

25760 RUSTIC LANE  
WESTLAKE OH 44145

25760 RUSTIC LANE  
WESTLAKE OH 44145

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

2. New Principal Office Address, If Applicable

4526 4th Street North  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

Zip

33713

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/14/2002

5. FEI Number

82-0545-115

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	KHOURI, SAMIR	5715 STREET W	BRADENTON FL 34207
D	BOUKZAM, FRED A	4803 ELIZABETH LN	BROOKLYN OH 44144
D	MASHTAWY, ABED A	475 TIMBERCREEK RD	REYNOLDSBURG OH 43060
			300024565613 11/10/03--01068--008 **150.00
			300024565613 01/14/04--01023--001 **500.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KHOURI, SAMIR  
5715 14 ST WEST  
BRADENTON FL 34207

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

*Samir Khoury*

Date

10/31/03

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:

*Samir Khoury*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

440-327-8970

REINSTATEMENT 2003



FILED

04 JAN 14 AM 10:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CH2E040 (7/03)