

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000090047

1. Corporation Name

NILE PHARAOH INC.

Principal Place of Business

Mailing Address

1279 SLASH PINE CIRCLE
W. PALM BCH, FL. 33409

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

2. New Principal Office Address, If Applicable

1279 SLASH PINE CIRCLE

3. New Mailing Office Address, If Applicable

1279 SLASH PINE -

Suite, Apt. #, etc.

Suite, Apt. #, etc.

- CIRCLE

City & State

WEST PALM BCH, FL

City & State

WEST PALM BCH, FL

Zip

33409

Country

USA

Zip

33409

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8-19-02

5. FEI Number

50-0006604

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
D	KHALIL PETER Y	1279 SLASH PINE CIRCLE	W. PALM BCH, FL - 33409
		300060950763	10/25/05--01034--004 **150.00
		000060950790	10/25/05--01034--005 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KHALIL PETER Y

Name

KHALIL PETER Y

1279 SLASH PINE CIRCLE

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

1279 SLASH PINE CIRCLE

W. PALM BCH, FL 33409

Suite, Apt. # Etc.

City

W. PALM BCH

State

FL

Zip Code

33409

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.

Signature of
Registered Agent

Peter Khalil

Date

9-1-05

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 AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter Khalil

Date

9/1/05

Daytime Phone #

561-317-6467

FILED

05 OCT 19 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-05

CR2040 (1-00)

To,

Dept. of state

Re-INSTATEMENT DEPT.

DOC. # P02000090047

Dear Sir,

ENCLOSED A ANNUAL Report
along with Two Checks for \$150 as per
your instructions over the phone.

I didn't Receive the Forms -
last year, I mailed check before but
it got lost in the mail.

I don't know about Computer -
too much, Please help me in Re-
instatement my Corporation and bring my
Corporation active

I moved and have different
address - therefore I didn't receive any
renewal form in 2004 or 2005.

Please help me

Thank you