

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 OCT 13 AM 8:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000106488**

1. Corporation Name

**PALI CORP**

Principal Place of Business

Mailing Address

8805 MAPLE GLEN CIR  
FT MYERS FL 33912

8805 MAPLE GLEN CIR  
FT MYERS FL 33912

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/30/2002

5. FEI Number

16-1632169

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
President	Issa Qumsieh	8805 maple glen cir	Ft. Myers. FL. 33912
Vice President	Intissar Qumsieh	8805 maple glen cir	Ft. Myers. FL. 33912

300023765203  
10/13/03--01098--002 \*\*150.00

8. Name and Address of Current Registered Agent

BLACK, CRAIG A  
8805 MAPLE GLEN CIR  
FT MYERS FL 33912

9. Name and Address of New Registered Agent

Name

Intissar Qumsieh

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

8805 maple glen cir

Suite, Apt. #, Etc.

Ft Myers.

City

State

Zip Code

FL

33912

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 *Intissar Qumsieh*

REGISTERED AGENT MUST SIGN

Date 10/9/03

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 *Intissar Qumsieh*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/03

Date

239-415-1655

Daytime Phone #

CR2E040 (7/03)

Issa Qumsieh  
Pali Corp  
8805 Maple Glen Circle  
Fort Myers, FL 33912  
(239) 415-1655

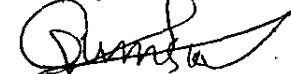
**Subject: waiver for late fees for Corporate Registration**

Dear Sir or Madam:

Please accept my request to waive the late fees for corporate registration. Please note that we didn't receive the Uniform Business Report, hence we didn't file for a renewal. We are enclosing the renewal fees of \$150 and we hope that you accept our request. We do assure that we wish to continue do business in FL, and we have been filing Federal State Tax ever since we started doing business here.

Please feel free to call me at 239-415-1655 for any questions.

Thank you,



Issa Qumsieh,  
President