

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT 20 AM 11:23

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000031261

1. Corporation Name

The James Abdullah Company

2. Principal Office Address

10600 SW 146 Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip
33176

Country
USA

3. Mailing Office Address

115 E. 42nd Street

Suite, Apt. #, etc.

1E

City & State

Chicago, IL

Zip
60653

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/18/2003

5. FEI Number

900076190

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

05-06

7. Name and Address of Current Registered Agent

Name

Jose R. Pujols, Esq.

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

2701 SW LeJeune Rd

Suite, Apt. #, Etc.

401

City

Coral Gables

State

FL

Zip Code

33134

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

Date

10/17/06

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporation must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPST	James Abdullah	10600 SW 146 Street	Miami, FL 33176

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 contained in Chapter 119, 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:

James Abdullah

10.12.06

305.710.4616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

115 E. 42nd Str.
1E
Chicago, IL 60653

October 12, 2006

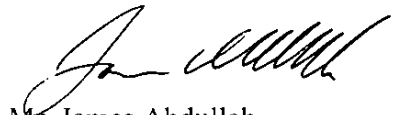
In regards to: Document # P03000031261

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

Dear Department of State (FL),

The purpose of this letter is to request the suspension of certain reinstatement fees as they pertain to The James Abdullah Company and to reinstate the company immediately. I would like to request that certain reinstatement fees be waived on the grounds that the corporation did not receive the annual report notices in the year of dissolution/revocation. I have included a check for the total of \$300.00, to serve as payment for the annual report and supplemental fees for each year, from the year of dissolution/revocation to the current year. If additional details are needed, please do not hesitate to contact me at 305.710.4616 or via my mailing address listed above.

Sincerely,



Mr. James Abdullah

The James Abdullah Company