

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 OCT 28 AM 11: 04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000037347

1. Corporation Name

IATCO INTERNATIONAL INVESTMENTS, INC.

REINSTATEMENT 07-09

900161981959

10-21-09 01028 013 \$1,050.00  
CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #  
8317 SHELDON RD

3. Mailing Office Address  
8317 SHELDON RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
TAMPA, FL

City & State  
TAMPA, FLORIDA

Zip  
33615

Country  
USA

Zip  
33615

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida 02/25/2004

5. FEI Number  
043801365

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  
EL QADAH, AHMED

Street Address (P.O. Box Number is Not Acceptable)  
8317 SHELDON RD

Suite, Apt. #, Etc.

City  
TAMPA

State Zip Code  
FL 33615

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

10/26/09

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
D,P	ALTONOBEY, HISHAM	8317 SHELDON RD,	TAMPA, FLORIDA 33615
VP	EL QADAH, AHMED	8317 SHELDON RD,	TAMPA, FLORIDA 33615

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ahmed El Qadah 10/26/09 813-810-4707