2005 FOR PROFIT CORPORATION REINSTATEMENT

| DOCUMENT # P0400074095 1. Entity Name MEDITERRANEAN PLUS, INC. | | | | | | | FILED 05 0CT 25 PM 2: 41 | | |
|---|---------------------|--|--------------------------------|-----------------|--|---------------------------|--|---|--|
| Principal Place of Business Mailing Address | | | | | | SETHELARY OF STATE. | | | |
| 2900 E CERVANTES ST. 2900 E CERVANTES ST. | | | | | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | |
| PENSACOLA, FL 32503 PENSACOLA, FL 32503 | | | | | | | 17.12 | | |
| · | | | | | | | | ì | |
| 2. Principal P | lace of Busin | ness | 3. Mailing Address | Mailing Address | | | | | |
| | | | | | | 4 | E BOILL BLANC BRITL BRITL BRITL INRIT MICH BORN TRIBL BRITLAN II 1891 | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | 10172005 | REIN-P CR2E098 (6/04) | | |
| City & State | | | City & State | | | 4. FEI Numbe | er | | |
| | | | | | LD: | Not Applicable | | | |
| Zip | Zip Country | | Zip Cour | | try 5. Certificate | | e of Status Desired | | |
| | 6. Name | and Address of Current F | Registered Agent | stered Agent | | | Address of New Registered Agent | | |
| | | | | | Name | | | | |
| -KHAEIL, MOUNIR'S 4470 SPANISH TRAIL #99 | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| PENSACO | | | | | | | | | |
| | | | | | | | | | |
| | | | | | City | FL Zip Code | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered of the above named entity submits this statement for the purpose of changing its registered of the above named entity submits this statement for the purpose of changing its registered of the above named entity submits this statement for the purpose of changing its registered of the above named entity submits this statement for the purpose of changing its registered of the above named entity submits this statement for the purpose of changing its registered of the above named entity submits this statement for the purpose of changing its registered of the above named entity submits this statement for the purpose of changing its registered of the above named entity submits at the above named entity submits and the above named entity submits at the above named entities at the | | | | | | red agent, or bo | oth, in the State of Florida. I am familiar with, and accept | | |
| the obligations of registered agent. | | | | | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | |
| Organization, types of parties families of registrates against an inter-depressable. (1100 s. 110 gainst a against a september 2000) | | | | | | | , | | |
| | | FEE IS \$150.00 106, Fee will be \$300.00 | n | | | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | |
| | | | | - 144 | | ADDITIONS | IOUNNOSS TO OSSIGNED AND DIDEOTORS IN A | | |
| TITLE | Р | OFFICERS AND [| DIRECTORS Delete | 11. | | ADDITIONS, | /CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| NAME | KHALIL, MOUNIR S | | | | AE. | | | | |
| STREET ADDRESS | | | | | EET ADDRESS | | | | |
| CITY-ST-ZIP | PENSACOLA, FL 32504 | | | | (-ST-ZIP | ☐ Change ☐ Addition | | | |
| TITLE NAME | | | | | £ ME | _, · _ | | | |
| STREET ADDRESS | · ! | | | | EET ADDRESS | 700061076797 | | | |
| CITY-ST-ZIP | | | | | r-ST-ZIP | 11/01/0501055010 **150.00 | | | |
| TITLE NAME | | | ☐ Delete | TITL | 1 | | ☐ Change ☐ Addition | | |
| STREET ADDRESS | ss . | | | | EET ADDRESS | 1 | | | |
| CITY-ST-ZIP | | | | CIT | (-ST-ZIP | | 1-1- | | |
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| NAME STREET ADDRESS | | | | | EET ADDRESS | / | | | |
| CITY-ST-ZIP | | | | CITY | Y-ST-ZIP | / | $M \cdot \Lambda 1 / \Delta$ | | |
| TITLE | | ···· | ☐ Delete | TITL | | | Change Addition | | |
| NAME STREET ADDRESS | | | | NAA STR | AE EET ADDRESS | /// | | | |
| CITY-ST-ZIP | | | | | (-ST-ZIP | | () (| | |
| TITLE | | | ☐ Delete | TITL | .E | | ☐ Change ☐ Addition | | |
| NAME |] | | | NAA | ME EET ADDRESS | | | | |
| STREET ADDRESS CITY-ST-ZIP | Ì | | | 1 | Y-ST-ZIP | | | | |
| 12. I hereby | certify that th | e information supplied with | this filing does not qualify t | or the exe | emption stated in S | ection 119.07(3) | (i), Florida Statutes. I further certify that the information | | |
| indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if | | | | | | | | | |
| changed, or on an attachment with an address, with all other tike empowered | | | | | | | | | |
| SIGNATURE: MOUNTY S. Should 100405 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayling Phone # | | | | | | | | • | |
| | • | SIGNATURE AND TYPED OR P | HINTED NAME OF SIGNING OFFICE | H OH DIREC | HUH | | Date Daytime Phone # | | |