

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 NOV -1 AM 11:01

DOCUMENT # P04000110089

1. Corporation Name

EL SHAABANY MOTORS INC.

2. Principal Office Address

14605 43rd St. #28

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 16006

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33613

Country

USA

City & State

Tampa, FL

Zip

33687

Country

USA

REINSTATEMENT

05-06

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

201420136

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

ALAA A EL SHAABANY

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

14605 43rd St. #28

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33613

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

علاء الشهاباني

REGISTERED AGENT MUST SIGN

Date

10/24/2006

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| D,P    | ALAA A EL SHAABANY                   | 14605 43rd St. #28                                | Tampa, FL 33613    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

200081434122  
11/01/05--01041--020 \*\*300.00

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:

علاء الشهاباني

ALAA A EL SHAABANY

10/24/2006 (813) 694-0826

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2 of 2

ELSHAABANY MOTORS INC.  
14605 43<sup>RD</sup> ST APT.28  
TAMPA, FL 33613

October 24, 2006

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

Dear Sir/ Madam,

Please find enclosed a corporation reinstatement form and a check for \$300.00. We would like to request waiver of reinstatement fees based on not receiving an annual report notices in the year of dissolution/revocation.

Your consideration and immediate attention will be greatly appreciated.

Sincerely,



Alaa A EL-Shaabany  
President