

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000045349

1. Entity Name
NEW LEBANON RESTAURANT CORP.



FILED

06 OCT 25 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1013 RIVER DR E
MARGATE, FL 33063

Mailing Address

1013 RIVER DR E
MARGATE, FL 33063

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



10112006

REIN-P

CR2E098 (11/05)

06

4. FEI Number

20-2588558

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HANDIN, GARY I
3111 UNIVERSITY DR SUITE 605
CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

AKRAM FAYAD

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE
NAME D
STREET ADDRESS FAYAD, AKRAM C
CITY-ST-ZIP 1013 RIVER DR E
MARGATE, FL 33063 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 like empowered.

SIGNATURE:

[Signature] AKRAM FAYAD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/11/06

Date

954-8290696

Daytime Phone #

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TO THE DIVISION OF CORPORATE REINSTATMENT

REQUEST FOR PENELTY WAIVER

THIS IS TO INFORM YOU THAT MY CORPORATION (NEW LEBANON
RESTAURANT CORP) HAVE BEEN EFFECTED BY HURICANE WILMA IN
OCTOBER 2005..
WE ARE REQUESTING A WAIVER OF THE \$600 REINSTATMENT PENELTY
FEES

OUR CORPORATION WAS LOCATED IN THE HEART OF BROWARD COUNTY
WHERE WE WERE HIT AND EFFECTED BY DAMAGE THE MOST
ATTACHED IS A CHECK OF \$150 RENEWAL FEE ...

THANK YOU
CORPORATE PRISIDENT
AKRAM FAYAD

Akram Fayad 10/10/2006.

NEW LEBANON RESTAURANT CORP
1013 E RIVER DRIVE
MARGATE FL 33063

*Enclosed ch #1146
For \$ 150.00*