

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

13 DEC 30 PM 6:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P12000028718

1. Corporation Name

The Mossad Corporation

2. Principal Office Address - No P.O. Box #

8556 Gunn Hwy

Suite, Apt. #, etc.

3. Mailing Office Address

8556 Gunn Hwy

Suite, Apt. #, etc.

City & State

ODESSA, FL

City & State

ODESSA, FL

Zip

33556

Country

USA

Zip

33556

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

3/22/12

5. FEI Number

45-4821292

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

Samy M Mossad

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

8556 Gunn Hwy

Suite, Apt. #, Etc.

City

ODESSA

State

FL

Zip Code

33556

REINSTATEMENT

900255089889  
12/30/13--01027--012 \*\*\$50.00

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

11-30-2013

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
CEO	Samy M Mossad	8556 Gunn Hwy	ODESSA, FL 33556
DS	Elizabeth Mossad	8556 Gunn Hwy	ODESSA, FL 33556

DEC 30 2013

10. E-mail Address: 00sishonkahLuvnge.ODESSA.FL@gmail.com

(To be used for future annual report notification)

C. CARROTHERS

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Samy M Mossad, CEO

11-30-2013

8135982743

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #