

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P12000044109

**Entity Name:** GHONEIM ENTERPRISES, INC.

**FILED**  
**Dec 12, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

5656 66TH ST N  
UNIT A  
ST PETERSBURG, FL 33709 US

**New Principal Place of Business:**

4260 49TH STREET NORTH  
ST PETERSBURG, FL 33709 US

**Current Mailing Address:**

P. O. BOX 28402  
KENNETH CITY, FL 33709

**New Mailing Address:**

4260 49TH STREET NORTH  
ST PETERSBURG, FL 33709 US

**FEI Number:** 45-5276980

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

AT YOUR SERVICE TAX & ACCOUNTING  
1623 N HIGHLAND AVE  
CLEARWATER, FL 33755 US

**Name and Address of New Registered Agent:**

ANANIAS FINANCIAL ASSOCIATES  
4905 34TH STREET SOUTH  
#168  
ST. PETERSBURG, FL 33711 US

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.

SIGNATURE: ALFONSO WOODS

12/12/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ELSAYED, MOHAMED  
Address: 4941 48TH AVENUE NORTH  
City-St-Zip: ST. PETERSBURG, FL 33709 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MOHAMED ELSAYED

PRES

12/12/2013

Electronic Signature of Signing Officer or Director

Date