PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P16000033328

1. Corporation Name

Khoury's Tailoring Inc.

19 APR 23 PM 3:50
TALLAHASSEE, FLORIDA
400328409244
04/23/19--01010--014 **1050.00
CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
9211 SW 136 St. Circle		9211 SW 136 St. Circle	
Suite, Apt #, etc		Suite, Apt #, etc	
City & State		City & State	
Miami, FL		Miami, FL	
Zip	Country	Zip	Country
33176	usa	33176	usa

4. Date Incorporated or Qualified To Do Business in Florida: April 14, 2016

5. FEI Number: 81-2272274 — 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: Joseph El Khoury

Street Address (P.O. Box Number is Not Acceptable): 9211 SW 136 St. Circle

Suite, Apt #, Etc:

City: Miami — State: FL — Zip Code: 33176

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: JOSEPH El Khoury — REGISTERED AGENT MUST SIGN — Date: 4-18-19

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
P	Joseph El Khoury	9211 SW 136 St. Circle	Miami, Fl 33176
T	Laura El Khoury	9211 SW 136 St. Circle	Miami, Fl 33176
		MAY 02 2019	
		S. YOUNG	

10. **E-mail Address:** joeyjoey61@hotmail.com
(To be used for future annual report notification)

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: JOSEPH El Khoury — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — JOSEPH EL Khoury — Date: 4-18-19 — Daytime Phone #: 305-332-4532