PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORA REINSTATE			Se	DEPARTME ecretary of S			EP 15 AM 10: 04 ETARY OF STATE HASSEE, FLORID	
DOCUMENT # P30580 1. Corporation Name Dahab Associates, Inc.							MOOFE' LEAKIR"	
2. Principal Office Ad		1	3. Mailing Office Address					
423 South Country Road			3800 South Ocean Drive			CR2E081 (12/07)		
Suite, Apt. #, etc.			· ·	Suite, Apt. #, etc.			4. Date Incorporated or Qualified	
City & State			City & State			To Do Business in Florida 01/17/1986		
Bay Shore, NY			Hollywood	Hollywood, FL		5. FEI Number Applied For 112783874 Applied For		
Zip	Country		Zip		intry	6.		
11706	USA	١	33019	US	A	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent								
Name Gregory McNeillie						The reinstatement fee is imposed, except in		
Street Address (P.O. Box Number is Not Acceptable) 3800 South Ocean Drive					circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.			
Suite, Apt. #, Etc. Suite 921								
City Hollywood				State Zip Code Tee be State 33019		tee be	waived:	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the oblig Signature of Registered Agent REGISTERED AGENT MUST SIGN						bligations of section	on 607.0505 or 617.0503, F.S. Date	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at le						ast 3 directors)		
Titles	Titles Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip	
P Richa	Richard E. Dahab			423 South Country Road			Bay Shore, NY 11706	
						·		
						20 09/19)0136141342 /0801008015 **2558.75	
REINS						STAT	EMENT	
							1992-2008	
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: CLUHKD DAMAB 09/12/08 631-665-6181 Daytime Phone #								