

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P92000014407

1. Corporation Name

JALLO MOBIL IV, INC.

Principal Place of Business

1942 Largo Vista Blvd.  
Palm Harbor, FL  
34685

Mailing Address

P.O. Box 6067  
Palm Harbor, FL  
34684

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc

City & State

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D/P/T	CHAMOUN JALLO	1942 Largo Vista Blvd.	Palm Harbor, FL 34685
D/VP/S	JALIEL H. JALLO	1942 Largo Vista Blvd.	Palm Harbor, FL 34685

8. Name and Address of Current Registered Agent

CHAMOUN JALLO  
P.O. BOX 6067  
PALM HARBOR, FL 34684

9. Name and Address of New Registered Agent

Name

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

1942 Largo Vista Blvd.

Suite, Apt. #, Etc

City

Palm Harbor

State

FL

Zip Code

34685

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Chamoun Jallo*

REGISTERED AGENT MUST SIGN

Date *3-30-1999*

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

*Chamoun Jallo P.P.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*3-29-1999*

Daytime Phone #

*727 7814060*

FILED

99 APR 14 PM 1:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

12/21/92

5. FEI Number

59-3158714

Applied For

Not Applicable

6

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

CRP008 (1-2-98)