

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION



1997  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED

Sep 15 1997 8:00am  
Secretary of State

DOCUMENT # P93000019324

1. Corporation Name

Mchallah Brothers, Inc

Mailing Address

Principal Place of Business

189 46 NW 80th CT  
Miami, FL 33015

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

7925 NW 12 Street  
Suite, Apt. #, etc.  
324

3. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

3-15-93

5. FEI Number

65-0420894

Applied For

Not Applicable

City & State

Miami FL

City & State

Zip

33126

Country

None

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	Amer Mchallah	7925 NW 12 St #324	Miami, FL 33126

200002293112  
-09/15/97--01104--014  
\*\*\*558.00

8. Name and Address of Current Registered Agent

Talal Mchallah  
189 46 NW 80th CT  
Miami, FL 33015

9. Name and Address of New Registered Agent

Name Tax Management Services Corp  
Street Address (P.O. Box Number is Not Acceptable)  
7925 NW 12 Street  
Suite, Apt. #, Etc.  
#324  
City Miami  
State FL  
Zip Code 33126

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

x [Signature] Chipnick  
REGISTERED AGENT MUST SIGN

Date

9/9/97

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐

(See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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: