PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1952

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
2000-2001
UBR

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000014571

1. Corporation Name
RABAH SON'S ENTERPRISES, INC.
210 AVE C.

2. Principal Office Address	**3.** Mailing Office Address
210, AVE C.	210 AVE C,
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: GENEVA, FL.	City & State: GENEVA
Zip: 32732 Country:	Zip: 32732 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 2/22/94

5. FEI Number: 59-3227581 — 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: ALI RABAH

500004064035--6
-04/24/01--01073--023
****300.00 ****300.00

Street Address (P.O. Box Number is Not Acceptable): 210 AVE. C.

Suite, Apt. #, Etc.:

City: GENEVA State: FL Zip Code: 32732

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: A. S. Rabah Date: 3/22/01
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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
D	ALI RABAH	210 AVE. C., GENEVA, FL. 32732	GENEVA, FL. 32732
D	MARIA RABAH	210 AVE. C., GENEVA, FL. 32732	GENEVA, FL. 32732

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 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: A. S. Rabah 3/22/01 407 831-1399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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RABAH SON'S ENTERPRISES, INC.
210 AVENUE C
GENEVA, FL 32732
407-365-0506

DEPT. OF STATE
DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASEE, FL 32314

Dear Sir/Madam:

We recently noted as per your notice re: an application for renewal of fictitious name re: Osteen Feed, your office sent us the notice back stating that we had not renewed our corporation. I remember, ever since 1998 when I had missed such payment once, I keep an eye out for the notice to renew the corporation and mail you the check and the annual report right away. I believe that the postal system must have not delivered the items to you as the check has not been cashed at your end either.

After speaking to the gentlemen at your office who suggested that I write to you about this and mail you the appropriate payment. I, therefore am enclosing the payment of $ 300.00 representing the filing fees for the year 2000 and 2001 along with the appropriate forms and schedules. Your uppermost attention regarding this matter is appreciated.

Thanks,

Ali S. Rabah