

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 FEB 27 PM 3:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 974000024024

1. Corporation Name

Al Raheed Corporation

Principal Place of Business

Mailing Address

~~424 East Call Street~~  
~~Tallahassee, Florida 32301~~

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

2. New Principal Office Address, If Applicable

4475 Buck Lake Road

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

City & State

Zip

32311

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

3/29/94

5. FEI Number

59-3331817

☒ Applied For

☐ Not Applicable

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)

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
P	Abdulaziz Al-Mangour	4475 Buck Lake Rd.	Tallahassee, Fla. 32311
VP	Libus Montgomery	4475 Buck Lake Rd.	Tallahassee, Fla. 32311

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-02/28/97--01117--018  
\*\*\*1088.75 \*\*\*1088.75

JB2-27-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

William A. Friedlander  
424 East Call Street  
Tallahassee, Florida 32301

Name Libus Montgomery  
Street Address (P.O. Box Number is Not Acceptable) 4475 Buck Lake Road  
Suite, Apt. #, Etc. Tallahassee  
City Tallahassee State FL Zip Code 32311

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

Libus Montgomery

REGISTERED AGENT MUST SIGN

Date

2/18/97

11. 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.)

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:

Libus Montgomery, VP LIBUS MONTGOMERY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/97  
Date

(904)878-5300  
Daytime Phone #