

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

96 NOV -7 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000040444**

1. Corporation Name

ALAWI, INCORPORATED

Principal Place of Business

Mailing Address

2733 FALLING TREE CIRCLE

2733 FALLING TREE CIRCLE

ORLANDO FL 32837

ORLANDO FL 32837

2381 whispering maples
ORLANDO, FL 32837

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/27/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

2381 whispering maples
ORLANDO, FL

2381 whispering maples
ORLANDO

Zip

Country

Zip

Country

32837 U.S.A

FL U.S.A

5. FEI Number

59-3242814

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	ALAWI, MOSTAFA M	2733 FALLING TREE CIRCLE 2381 whispering maples	ORLANDO FL 32837 ORLANDO, FL 32837

000002803860--0
-11/13/96--01192--006
****375.00 ****375.00

REINSTATEMENT

1996

A. Alawi

11-7-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALAWI, MOSTAFA M
2733 FALLING TREE CIRCLE
ORLANDO FL 32837

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

SIGNATURE REQUIRED

Date

10-30-96

REGISTERED AGENT MUST SIGN

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-30

Date

96

Daytime Phone #

CR2040 (7/96)