

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING **APPROVED**

APPLICATION FOR REINSTATEMENT

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



**AND FILED**

1996 NOV 20 PM 1:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **940000060009**

1. Corporation Name

**ETIHAD CORP.**

700002011867--B  
-11/22/96--01009--002  
\*\*\*\*\*575.00 \*\*\*\*\*575.00

Principal Place of Business

Mailing Address

**844 N.W 10th terr.  
Ft. Lauderdale FL 33311**

**REINSTATEMENT**

*as of 11/17/96*

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		844 N.W 10th terr. Suite, Apt. #, etc.		NOV. 2nd 1994	
City & State		City & State		5. FEI Number	
Ft. Lauderdale FL		Ft. Lauderdale FL		65-0519782	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> 58 75 Application Fee to prepare	
33311		33311	Broward	Not Applicable	

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
Pres.	Etihad JARRAR	9608 N.W 7th Circle #1324	Plantation FL 33324
Sec.	//	//	//
Treas.	//	//	//

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ETIHAD JARRAR		Name	
9608 N.W 7th Circle #1324		Street Address (P.O. Box Number is Not Acceptable)	
Plantation FL 33324		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

*Etihad Jarar*

REGISTERED AGENT MUST SIGN

Date 11/17/96

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 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:

*Etihad Jarar*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17/96

Date Daytime Phone #

CR25040 (12/95)