

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

142

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katharine A. Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 OCT 18 PM 12:12

DOCUMENT # PA400074364

1. Corporation Name

HUDA, INC

2. Principal Office Address

1420 Court Street

Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip

Country

33765

3. Mailing Office Address

1420 Court Street

Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip

Country

33765

4. Date Incorporated or Qualified  
To Do Business in Florida

10-7-94

5. FEI Number

59-3431990

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

Osama Khazendar

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

1560 GULF Blvd #804

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33767

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

*[Signature]*

Date

REGISTERED AGENT MUST SIGN

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	Khazendar, Osama	1560 GULF Blvd, unit 4-C	clearwater, FL 33767

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (8/00)

*Carregal Accounting Service*

10809 N. 56<sup>th</sup> Street, Temple Terrace, Florida 33617  
(813)877-6371 FAX(813)868-0774

State of Florida  
Division of Corporations  
PO BOX 6327  
Tallahassee, Florida 32314

10-16-01

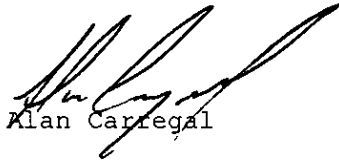
RE: HUDA, INC. Doc# P94000074364

To Whom It Concern:

This letter is to inform you that my client, Mr. Osama Khazendar never received his UBR forms for the past 2 years. The principle address for the corporation is 1420 Court Street, Clearwater, FL 33765 and has been for the past 2 years.

We are requesting that any filing fees be waived and per my conversation with a state agent enclosed please find a check for \$300.00 and a reinstatement application.

Sincerely,



Alan Carregal