



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

1. Corporation Name
MICHELINE YACOB, INC.

FILED

98 JUN 17 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

725 LAURI DRIVE STE. 212
LAKE WORTH FL 33461

725 LAURI DRIVE STE. 212
LAKE WORTH FL 33461

2624 AUSTRALIAN AVE
W. P.B. FL. 33404.

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

DO NOT WRITE IN THIS SPACE

2624 AUSTRIAN AVE
Suite, Apt. #, etc.

2624. AUSTRALIAN AVE
Suite, Apt. #, etc.

10/14/1994

Applied For

65-0530-160.

Not Applicable

City & State W. P. B. - FL

City & State W. P. B. PL

Zip 33404 Country P. R.

Zip	Country
33404	P. B

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)

1	2	3	4
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
PSD	YACOB, MICHELINE	725 LAURI DRIVE STE. 212 2624 AUSTRALIAN AVE	LAKE WORTH FL 33481 W. P. B. FL 33404 100002566221-3 -06/19/98--01105--013 ***1200.00 ***1200.00
SIGNED BY METRI SALLOUM. BY POWER of ATT. COP ATT.		<div>REINSTATEMENT 95-98</div> <div>TS 6/18</div>	

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~YACOB, MICHELINE
725 LAUREL DRIVE STE. 212
LAKE WORTH, FL 33461~~

2624. AVERAHIKU AVE
W. P. B. PL.
33404.

Name _____

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

Suite, Apt. #, Etc.

City

BY POWER OF ATTORNEY

State
FL

Zip Code

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

Date 6/17/98

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. 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:

(S079) UNCLASSIFIED

Notary
Signature

(This instrument Prepared by:

Notary

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

Power of Attorney

Know All Men By These Presents:

That Micheline Yacoub having lawful address at: 2624 Australian Avenue
West Palm Beach, Florida 33407-----
has made, constituted and appointed, and by these presents does make, constitute and appoint
Mr. Mitri M. Saloum-----

true and

lawful attorney for me and in my name, place and stead to execute any and
all documents for the purpose of selling, buying, leasing and/or---
mortgaging and any requisite documents for conducting daily businesses
and operations control of the following corporation: Micheline Yacoub, Inc
and for the business known by Majestic, located at: 2624 Australian Ave
West Palm Beach, Fl 33407-

giving and granting unto Mitri M. saloum----- said attorney full power
and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and
about the premises as fully, to all intents and purposes, as he might or could do if personally
present, with full power of substitution and revocation, hereby ratifying and confirming all that

said attorney or
substitute shall lawfully do or cause to be done by virtue hereof.

In Witness Whereof, I have hereunto set my hand and seal the 23d
day of November, in the year one thousand nine hundred and ninety four--

Signed, sealed and delivered in the presence of:

Witness Signature
Alicia KAYOUS
Witness Signature
Alicia KAYOUS
Witness Signature
Alicia KAYOUS

Signature
Micheline Yacoub
Printed Name
Port Office Address

State of
County of

I Hereby Certify that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to
take acknowledgments, personally appeared Micheline Yacoub-
to me known to be the person described in
and who executed the foregoing instrument and she acknowledged before me that she executed the same.

Witness my hand and official seal in the County and State last aforesaid this 23d day
of November, A.D. 1994 =

SEAL



WALLY KASSIS
COMMISSION # CC377273
EXPIRES JUN 1, 1998
BONDED THRU
ATLANTIC BONDING CO., INC.

Notary Signature
WALLY KASSIS, Esq.
Printed Notary Signature
My Commission Expires: 1998