

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

98 JAN -2 PM 12: 52

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000009958

1. Corporation Name

HABIB INTERNATIONAL, INC.

Principal Place of Business

550 BILTMORE WAY
CORAL GABLES FL 33134

Mailing Address

550 BILTMORE WAY
CORAL GABLES FL 33134



REINSTATEMENT 96aw

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

2. New Principal Office Address, If Applicable

SAME

3. New Mailing Office Address, If Applicable

SAME

4. Date Incorporated or Qualified
To Do Business in Florida

02/02/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

62-1661210

☒ Applied For

☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	HABIB GHASSAN	8954 SW 149 PL	MIAMI FLORIDA

400002047924--8
-0170797-01872-011
****750.00 ****375.00

8. Name and Address of Current Registered Agent

HABIB, GHASSAN
550 BILTMORE WAY
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name SAMIRA GHAZAL ATTY
Street Address (P.O. Box Number is Not Acceptable)
550 BILTMORE WAY Suite 1210
Suite, Apt. #, Etc.
City CORAL GABLES
State FL Zip Code 33134

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

SAMIRA GHAZAL ATTY
SIGNATURE REQUIRED

Date 11/12/96

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:

SAMIRA GHAZAL ATTY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11-5-96 305 4451199
Daytime Phone #