

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000023842**

1. Corporation Name

**INVENTEX TUNING & DESIGN,
INC.**

2. Principal Office Address

1100 TALLEYRAND AVE

Suite, Apt. #, etc.

3. Mailing Office Address

1100 TALLEYRAND AVE

Suite, Apt. #, etc.

City & State

JACKSONVILLE

City & State

JACKSONVILLE

Zip

32206

Country

U.S.A.

Zip

32206

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

3/23/1995

5. FEI Number

59-3307849

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

SOBHI NUSSEIN

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

1100 TALLEYRAND AVE

Suite, Apt. #, Etc.

City

JACKSONVILLE

State
FL

Zip Code

32206

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]

REGISTERED AGENT MUST SIGN

Date

6/5/03

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
P.	Said NUSSEIN	1100 TALLEYRAND AVE	TAX. FL 32206
V.P.	Zaki NUSSEIN	1100 TALLEYRAND AVE	TAX. FL 32206
T	MAHMOUD NUSSEIN	4035 RIVER VALLEY RD.S.	JACKSONVILLE, FL 32207
D	Ali NUSSEIN	1100 TALLEYRAND AVE	TAX. FL 32206
CEO/D	Sobhi NUSSEIN	2039 CHAUNCEY DR.W	JACKSONVILLE FL 32225

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

6/5/03

Date

904-358-8040

Daytime Phone #

FILED

03 JUN 30 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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9.6-03

CR2E081 (10/02)

2/2

Inventex Tuning & Design, Inc.

1100 Talleyrand Ave
Jacksonville, FL 32206

June 5, 2003

Secretary of State
Department of state
Division of Corporations
POBOX 6327
Tallahassee, FL 32399

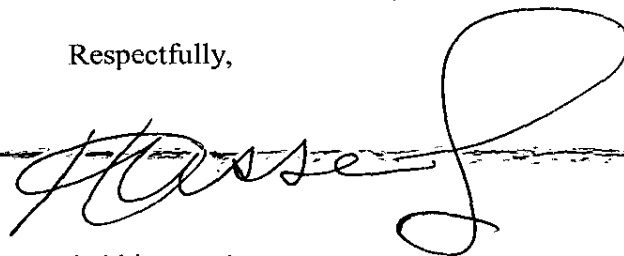
RE. Document #P95000023842
Inventex Tuning & Design, Inc.
Reinstatement & waiver of Reinstatement Fee

Dear Secretary of State:

This letter is to request the waiver of the \$600 fee for reinstatement of INVENTEX TUNING & DESIGN, INC. It is our understanding that the \$600 fee could be waived if we did not receive renewal notices or extenuating circumstances prevented timely renewals. In our case, we moved from Lakeland Florida in 1997 to Jacksonville, we made a change of address with the post office. Unfortunately we did not receive the necessary renewal notices. Further, the change of CPA may have broken the necessary link to keep things in order.

I hope that you find our reason acceptable and kindly waive the \$600 reinstatement fee. Attached is the remainder of the due fees. We thank you in advance.

Respectfully,



Sobhi Hussein
Inventex Tuning & Design, Inc.