

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 JUL 31 AM 10:06



FLORIDA DEPARTMENT OF STATE

Katharine Harris

Secretary of State

OFFICE OF CORPORATIONS

DOCUMENT # P95000093811

1. Corporation Name

MAWARID ENTERPRISES INC.

2. Principal Office Address

7582 SANDLAKE RD

Suite, Apt. #, etc.

City & State

ORLANDO FL

Zip

32819

Country

USA

3. Mailing Office Address

7582 SANDLAKE RD

Suite, Apt. #, etc.

City & State

ORLANDO FL

Zip

32819

Country

USA

500004534045--7

-08/14/01--01052--018

\*\*\*\*300.00 \*\*\*\*300.00

4. Date Incorporated or Qualified  
To Do Business in Florida

12/08/1995

5. FEI Number

59-3348120

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

JESSE MAALI

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

7582 SANDLAKE RD

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32819

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

Jesse Maali

REGISTERED AGENT MUST SIGN

Date 7/27/2001

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
DPST	JESSE MAALI	7582 SANDLAKE RD	ORLANDO FL 32819
			SP

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:

Jesse Maali

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/2001

Date

407 345 9200

Daytime Phone #

CR2E081 (9/00)

pg 2 of 2

**MAWARID ENTERPRISES, INC**  
**7582 Sand Lake Road**  
**Orlando, Florida 32819**

July 26, 2001

State of Florida  
Secretary of State  
Division of Corporations

Re: Mawarid Enterprises, Inc.  
P95000093811

To whom it may concern:

Enclosed herewith is an application for reinstatement for the above captioned corporation, which has been administratively dissolved as a result of failure to file an annual report.


Please be advised that the report was not received. Candidly, we are aware of the filing requirement, however failed to notice that we did not receive a report for this particular entity. Not only did we not receive the initial report which is typically received early in the year, we did not receive follow-up requests or the Notice of Dissolution.

This is very unusual. Although we have moved, mail is typically forwarded with no problem that we are aware of. Nevertheless, we did not receive the annual report for filing.

We have enclosed herewith a check in the amount of \$300.00 in payment of the annual fee for 2000 and 2001. We respectfully request that the corporation be reinstated.

Thank you for your attention and anticipated cooperation in this matter.

Sincerely,

  
David R. Portlock  
Controller

DRP/jh  
Enclosures