

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P95000095256

1. Corporation Name

MIDDLE-EAST INTERNATIONAL INC.

W08-27959

Principal Place of Business

4479 N. STATE RD. 7  
LAUDERDALE LAKES FL 33309

Mailing Address

4479 N. STATE RD. 7  
LAUDERDALE LAKES FL 33309

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

REINSTATEMENT 96-091

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

4479 N. State Rd. 7

City & State

LAUDERDALE LAKES

Zip

33317

Country

FL

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4479 N. State Rd. 7

City & State

LAUDERDALE LAKES

Zip

FL 33317

Country

FL

4. Date Incorporated or Qualified  
To Do Business in Florida

12/13/1995

5. FEI Number

65-0633509

Applied For

Not Applicable

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)

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
1	2	3	4
P.	MOHAMED A. ALBUNNI	5013 EAST LAKE DRIVE	POMPANO BCH FL 33064
			000002735890--2 -01/11/99-01009-029 ***1050.00 ***1050.00
			000002735890--2 01/11/99-01009-030 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

ALBUNNI, MOHAMED A  
2626 NORTH 22ND AVE.  
HOLLYWOOD FL 33020

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

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

*[Signature]*

URE REQUIRED

REGISTERED AGENT MUST SIGN

Date 12/23/98

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

URE REQUIRED

Date

Daytime Phone #

(954) 486-7571

CR2E040 (7/96)