

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



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DOCUMENT # *P96000074208*

1. Corporation Name
Gulhille Enterprises, Inc

97AR

87 DEC 22 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing Address
*1081 NW 27TH AVE
Pompano Beach FL 33069*

Principal Place of Business
*1081 NW 27TH AVE
Pompano Beach FL 33069*

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

3. New Principal Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

9-3-96

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FFI Number

65-0698118

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (If 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
<i>P</i>	<i>Hanna Iskandar Deeb</i>	<i>1081 NW 27TH AVE</i>	<i>Pompano Beach FL 33069</i>

500002383815-9
-12/26/97-01106-003
******165.00 ****165.00**

O. Waw
12/22/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Hanna Iskandar Deeb

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 *Hanna Deeb*

REGISTERED AGENT MUST SIGN

Date *12-8-96*

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: *Hanna Deeb*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-8-97 954-990-3270

Date

Daytime Phone #

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Gallilee Enterprises, Inc.
1081 N.W. 27th Ave.
Pompano Beach FL 33069
(954) 970-3270

December 8, 1997

REINSTATEMENT SECTION
Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

RE: Gallilee Enterprises, Inc.

To Whom It May Concern:

Enclosed please find an Application For Reinstatement of the Corporation of Gallilee Enterprises, Inc. We are requesting a waiver of the late fees due to a change of address and not receiving the Corporation Annual Report.

Also enclosed please find a check for \$165.00 as filing fee.

Please file the enclosed Application For Reinstatement with the Department of State. A Certified Copy is not necessary.

Thank you for your cooperation to this matter.

Sincerely,

Hanna Iskandar
Hanna Iskandar,
President