

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 15 PM 5:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000075831

1. Corporation Name

JOUNI, INC.

Principal Place of Business

606 FOREST HILL BLVD  
WEST PALM BEACH FL 33405

Mailing Address

606 FOREST HILL BLVD  
WEST PALM BCH FL 33405

33405

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/10/1996

5. FGI Number

65-0695703

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	JOUNI, ELIE	145 WOODLANDS RD	PALM SPRINGS FL 33461

500009019705  
11/15/02--01031--006 \*\*150.00

8. Name and Address of Current Registered Agent

JOUNI, ELIE  
124 ALPINE ROAD  
WEST PALM BEACH FL 33405

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

11. 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

Date

Daytime Phone #

11/1/2002 (561)632-3529

CR2E040 (8/02)

**JOUNI, INC.**  
**DBA KWIK STOP # 250**  
**G96278000018**

606 FOREST HILL BLVD  
WEST PALM BEACH, FLORIDA  
33405



Phone: (561)-533-6053  
Fax: (561)-5330828

November 2002

RE: Notice of Administrative Dissolution or Revocation

To whom it may concern:

We recently received notice of administrative dissolution or revocation, not knowing what this notice for I had to call your office and I was told that we have not filed our yearly corporation report.

I am writing this letter to tell you that we didn't receive any application before the revocation application. This situation has been happening two year in a row. Last year we had to pay penalty for not applying on time and it always been that we don't receive the renewal application. We have already pay lot of penalty please find it in your heart not to penalize us this year and we will watch for the renewal application from now on. Also please note that our zip code in the mailing address should be 33405 in stead of what you have on the application 33465 please make the change in your computer (that could be why we don't receive the application of renewal)

Thank you in advance.

Should you need any further information, please feel free to contact Mr. Elie Jouni at 561- 632-3529

Sincerely,

Elie Jouni.  
Corporate President