

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra E. ...  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 DEC 17 AM 8: 33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000095958

1. Corporation Name

BROTHERS UNLIMITED, INC.

Principal Place of Business

7305 WEST WATERS AVENUE  
TAMPA FL 33634

Mailing Address

7305 WEST WATERS AVENUE  
TAMPA FL 33634

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/25/1996

5. FEI Number

69-3413345

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PTD	ABUOLEIM, NASR S	7305 WEST WATERS AVENUE	TAMPA FL 33634
SD	ABUALIM, ABDULLA S	7305 WEST WATERS AVENUE	TAMPA FL 33634

200002375972--1  
-12/17/97-01120-007  
\*\*\*\*\*165.00 \*\*\*\*\*61.25

8. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Date

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Abdul Nasr* 10/24/97 889637

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DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FLORIDA 32314

DEAR SIR:

ON THE DAY THE CORP. WAS OPEN IT WAS REQUESTED THAT THE  
STARTING DATE IS THE FIRST YEAR OF 1997.

WE DID NOT RECEIVE ANY NOTICE BUT THIS ONE, THAT IS WHY WE  
DID NOT SEND ANY MONEY ON MAY OF THIS YEAR.

PLEASE ACCEPT THE PAYMENT OF 165.00 FOR RENEWAL FOR THIS  
YEAR.

THANK FOR YOUR HELP IN ADVANCE



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NASR ABUOLEIM  
PRESIDENT