

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P970000045816**

1. Corporation Name

**TASSAD INDUSTRIES, INC.**

2. Principal Office Address

**1355, WPALMETTO PK RD**

3. Mailing Office Address

**1355, W. PALMETTO PK RD**

Suite, Apt. #, etc.

**# 138,**

Suite, Apt. #, etc.

**# 138**

City & State

**BOCA RATON, FLORIDA**

City & State

**BOCA RATON, FLORIDA**

Zip

**33486**

Country

**USA**

Zip

**33486**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**05/22/1997**

5. FEI Number

**65-0755980**

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

**TASSADAQ SAMUEL NAIMAT**

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

**57, SW. 15TH CT.,**

Suite, Apt. #, Etc.

City

**BOCA RATON**

State  
**FL**

Zip Code  
**33486**

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

REGISTERED AGENT MUST SIGN

Date **01/06/03**

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
P/D	NAIMAT MASIH	57, SW. 15TH. CT.,	BOCA RATON, FL-33486
S	TASSADAQ SAMUEL NAIMAT	57, SW. 15TH. CT.,	BOCA RATON, FL-33486

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**P/D**

Date **01/06/03**

Daytime Phone # **954-234-1100**

Date

Daytime Phone #

**FILED**

**03 JAN 13 : AM 9:03**

OFFICE OF THE  
TALLAHASSEE, FLORIDA

**900013268929**  
**02/28/03--01038--032 \*\*8.75**

**2002-2003 UBR**

CR2E081 (10/02)

# TASSAD INDUSTRIES INC.

1355, W. PALMETTO PARK ROAD, # 138, BOCA RATON, FL-33486  
Ph: 561-392-0144 & Fax: 561-368-7624

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To,  
The Florida Department of State,  
Sec. Of State,  
Division of Corporations,  
P.O.BOX 6327,  
Tallahassee, FL-32314

January 06, 2003

**Subject: Request for Penalty Fees Waiver**

Respected Sir/Madam:

While updating and going through our records, we found that our corporation has been dissolved on DATE 10/04/2002, due to non-filing of U.B.R. for the year of 2002. For which we did not receive the renewal form via mail. As advised by a representative at your office we are requesting as follows.

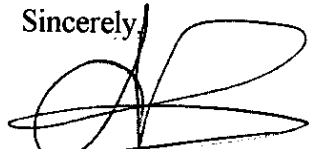
We request you and your kind office to please waive off the penalty fees and re-instate our Corporation. We have made adjustments to minimize future errors at our side.

We have enclosed year 2002 U.B.R along with renewal fees for the sum of \$150.00. To expedite this year's U.B.R. 2003 added form & fee of \$150.00 and also request to please send us a status certificate (fee is included \$ 8.75), in separate checks.

We will endure our far most effort to assure timely filling for the future references.

Thanking You,

Sincerely,



Naimat Masih  
President/Director  
Tassad Industries, Inc.