# 2007 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**
**Nov 09, 2007**
**Secretary of State**

DOCUMENT# P97000084042

**Entity Name:** QASEM, INC.

**Current Principal Place of Business:**

6900 N. ROME AVE.
TAMPA, FL 33604

**New Principal Place of Business:**

**Current Mailing Address:**

6900 N. ROME AVE.
TAMPA, FL 33604

**New Mailing Address:**

**FEI Number: 59-3469307** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

QASEM, HASAN I
6900 N. ROME AVE.
TAMPA, FL 33604 US

**Name and Address of New Registered Agent:**

QASEM, MARY K
6900 N. ROME AVE.
TAMPA, FL 33604 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MARY K QASEM 11/09/2007
Electronic Signature of Registered Agent Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: QASEM, HASAN I
Address: 6900 N. ROME AVE.
City-St-Zip: TAMPA, FL 33604

Title: MDS ( ) Delete
Name: QASEM, MARY
Address: 6900 N. ROME AVE.
City-St-Zip: TAMPA, FL 33604

Title: P (X) Delete
Name: QASEM, KHALED I
Address: 6900 N. ROME AVE.
City-St-Zip: TAMPA, FL 33604

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: QASEM, KHALED I
Address: 6900 N. ROME AVE.
City-St-Zip: TAMPA, FL 33604 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY K QASEM MDS 11/09/2007
Electronic Signature of Signing Officer or Director Date