

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

03 DEC 29 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000098092

1. Corporation Name

AL-AQSA CORPORATION

2. Principal Office Address

10805 N 56TH STREET

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

Zip

33617

Country

USA

Zip

Country

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

11/14/1997

5. FEI Number

59-3506700

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

ABDEL HAMID ATIYEH

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

10805 N 56TH STREET

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33617

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12-18-03

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	ABDEL HAMID ATIYEH	10805 N 56TH STREET	TAMPA, FL 33617

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-18-03

Daytime Phone #

CR2E081 (10/02)

Carregal Accounting Service

10809 N. 56th Street, Temple Terrace, Florida 33617
(813)877-6371 FAX(813)868-0774

State of Florida
Division of Corporations
PO BOX 6327
Tallahassee, Florida 32314

18 December 2003

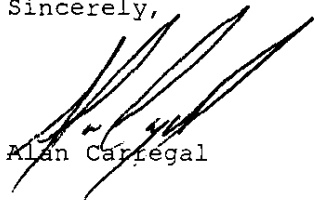
RE: AL-AQSA CORPORATION. Doc# P97000098092

To Whom It Concern:

This letter is to inform you that my client, Mr. Abdel Hanid Atiyeh never received his UBR forms for the past 2 years. The principle address for the corporation is 10805 N 56th Street, Tampa, FL 33617 and has been for the past 2 years.

We are requesting that any filing fees be waived and per my conversation with a state agent enclosed please find a check for \$300.00 and a reinstatement application.

Sincerely,



Alan Carregal