

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 OCT 25 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

Principal Place of Business

Mailing Address

~~4113 AMBER ROAD~~
~~ORLANDO FL 32807~~

~~1113 AMBER ROAD~~
~~ORLANDO FL 32807~~



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

2170 W
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WINTER PARK, FL

WINTER PARK, FL

Zip 27580

Zip 77799-0

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/03/1998

5. FEI Number

593515684

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	4 City / State / Zip
PD	KUCUKOGLU, ABDULGANI	1113 AMBER ROAD 3170 W. FAIRBANKS AVE.	ORLANDO FL 32807 WINTER PARK, FL 32789
STD VD	CHARIF, MOUNIR	1113 AMBER ROAD 3170 W. FAIRBANKS AVE.	ORLANDO FL 32807 WINTER PARK, FL 32789
V	RIFAL, ABDUL	1113 AMBER ROAD 3170 W. FAIRBANKS AVE.	ORLANDO FL 32807 WINTER PARK, FL 32789
			700003035867--8 -11/05/99--01012--012 ****408.75 ****408.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~AMERILAWYER~~
~~343 ALMERIA AVENUE~~
~~CORAL GABLES FL 33134~~

Name **MOUNIR CHARIF**
Street Address (P.O. Box Number is Not Acceptable)
1055 KENSINGTON PARK DR APT
Suite, Apt. #, Etc.
APT#213

City ALTAMONTE SPRINGS	State FL	Zip Code 32714
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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

REGISTERED AGENT MUST SIGN

Date 10/2/90

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 provided 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

10/21/99 (407) 599-5599
Date Daytime Phone #

Date _____

Daytime Phone # _____