

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 2*

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 27 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000053609

1. Corporation Name

MIDDLE EAST, INC.

Principal Place of Business

3570 N. STATE RD. 7
LAUDERDALE LAKES FL 33319
US

Mailing Address

1133 S. UNIVERSITY DR.
STE 202
PLANTATION FL 33324
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/16/1998

5. FEI Number

65-0843854

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PVST	LEVINE, CHERYL <i>Delefe</i>	1133 S UNIVERSITY DR #202	PLANTATION FL 33324
<i>PVST</i>	<i>Dahshoh, Wael</i>	<i>1681 NW 100th way</i>	<i>Plantation, FL 33322</i>

8. Name and Address of Current Registered Agent

LEVINE, CHERYL
1133 S. UNIVERSITY DR #202
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name
Wael Dahshoh
Street Address (P.O. Box Number is Not Acceptable)
1681 NW 100th way
Suite, Apt. #, Etc.
City
Plantation State
FL Zip Code
33322

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

Wael Dahshoh
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/25/2002
10/24/2002

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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Wael Dahshoh
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/25/2002
10/24/2002 (954) 401-7274

page 2 of 2

MIDDLE EAST, INC.
3570 N. State Road 7
Lauderdale Lakes, FL 33319
(954) 731 3303

November 5, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Attention: Reinstatement Section

Ref: Reinstatement and Waiver of Fee

Dear Sir or Madam:

This correspondence is to follow-up on the conversation that I had on November 4th, 2002 regarding the reinstatement of one of our corporations. Your office along with the \$158.75 received our Annual Report. We never heard or received any correspondence back from your office. Recently, we did receive a Reinstatement Application only. I request that you waive the Reinstatement Fees on this basis and Reinststate our corporation

We would like to thank you in advance for your prompt attention in this matter and should you have any questions please do not hesitate to contact this office.

Sincerely,



Cheryl Levine for
Wael Dahsheh

Cll

File: MIDDLE EAST.REINSTATEMENT ANNUAL REPORT