

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 FEB 11 PM 2:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P98000068985

1. Corporation Name

YOUSEF DISCOUNT CORP

REINSTATEMENT 09-10

500167462605

01/28/10--01033--009 \*\*150.00

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #

101 PONCE DE LEON BLVD

3. Mailing Office Address

101 PONCE DE LEON BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BROOKVILLE, FL

City & State

BROOKVILLE, FL

Zip

Country

34601

Zip

Country

34601

4. Date Incorporated or Qualified  
To Do Business in Florida

8-3-98

5. FEI Number

59-3524678

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

NADER M AHMAD

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

101 PONCE DE LEON BLVD

Suite, Apt. #, Etc.

City

BROOKVILLE

State

FL

Zip Code

34601

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*Nader M Ahmad*

Date 1/23/2010

REGISTERED AGENT MUST SIGN

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
D	NADER M AHMAD	101 PONCE DE LEON BLVD	BROOKVILLE, FL 34601

500167462605  
02/17/10--01032--022 \*\*150.00

XC 2/12

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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:

*Nader M Ahmad*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/2010

Date

352 7970518

Daytime Phone #