

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

DA WBR
JIM SMITH
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 DEC -2 AM 8:01

DOCUMENT # P98000070817

1. Corporation Name

Mohamed & Sons Inc.

2. Principal Office Address

213 East Market Street

Suite, Apt. #, etc.

City & State

Smithfield, North Carolina

Zip

27577

Country

USA

3. Mailing Office Address

P.O. Box 1236

Suite, Apt. #, etc.

City & State

Smithfield, North Carolina

Zip

27577

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/13/98

5. FEI Number

65-0861295

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

Mike Diaz

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

7345 Sand Lake Road

Suite, Apt. #, Etc.

Suite # 412

City

Orlando

State
FL

Zip Code

32819

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

Wail Mohamed
REGISTERED AGENT MUST SIGN

Date

11/25/2002

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/D	Wail Mohamed	104 Parkway Drive	Smithfield, N.C. 27577
VP/D	Ali Mohammad	104 Parkway Drive	Smithfield, N.C. 27577

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:

Wail Mohamed
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wail Mohamedi-President

Nov/29th

Date

Daytime Phone #

919
601 9993

CR2E081 (9/01)