

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 OCT 10 PM 3:17

DOCUMENT # P98000080233

**1. Corporation Name**

IBRAHIM & ASSOCIATES, INC.

**2. Principal Office Address**

650 NE 88th TERRACE

Suite, Apt. #, etc.

City & State

Miami Florida

Zip

33138

Country

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

City & State

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

9/16/98

**5. FEI Number**

651156410

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

IBRAHIM, MOHAMED

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

650 NE 88th TERRACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33138

**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

IBRAHIM MOHAMED

Date 10-9-03

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	IBRAHIM, MOHAMED	650 NE 88th TERRACE	MIAMI, FLORIDA, 33138
D/VP	ALGHANNAM, HASSAN	650 NE 88th TERRACE	MIAMI, FLORIDA 33138

**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:

IBRAHIM MOHAMED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-9-03

Date

Daytime Phone #

CR2E081 (10/02)

ATT: Division of Corps

Please be advised that  
we did not receive our  
2003 Annual Report.

Our correct mailing address  
is 650 NE 88th Terrace.  
Miami FL 33138

Please reinstate this  
corporation:

Ibrahim & Associates, Inc.  
Doc # P98000080233

Director ~~N. Ibrahim~~ Mohamed