

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JAN 30 PM 5:12

DOCUMENT # P98000091756

1. Corporation Name

MAALI BAKERIES

Principal Place of Business

Mailing Address

9550 SATELLITE BLVD
ORLANDO, FLORIDA 32737

REINSTATEMENT

200001

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

7345 SANDLAKE ROAD

4. Date Incorporated or Qualified
To Do Business in Florida

10/28/98

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE # 412

5. FEI Number

59-3540027

Applied For

City & State

City & State

ORLANDO, FLORIDA

Not Applicable

Zip

Country

Zip

32819

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	JAMAL MAALI	2612 CLEMENTINE COURT ORLANDO, FLORIDA 32835	

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***\$900.00 ***\$900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JAMAL MAALI
2612 CLEMENTINE PARK COURT
ORLANDO, FL. 32835

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

N/A

REGISTERED AGENT MUST SIGN

Date 1/9/2001

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMAL MAALI

PRESIDENT

1/9/2001

Date

402
Daytime Phone #

CR2E081 (12/98)

Maali Bakeries
9550 Satellite Blvd.
Orlando, Florida 32837
Office 407-251-8841
Fax 407-251-9051

Florida Dept of State
Division of Corporation
409 East Gaines Street
Tallahassee, Fl. 32399

To Whom It May Concern:

Enclosed you will find an Application For Reinstatement for Maali Bakeries, Inc. along with a check for \$ 900.00, which includes annual corporation fees for the year 2001.

We would appreciate very much if you could process this application expeditiously, since our banking institution requires it for the purpose of opening an account.

Thank you for your attention in this matter.

Sincerely yours

Jamal Maali, President