

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF CORPORATIONS

06 JAN -9 AM 9:01

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **Dahoud Inc.**

1. Corporation Name **P98000029479**

2. Principal Office Address **5227 22nd Ave S.**

Suite, Apt. #, etc.

City & State **Gulfport / FL**

Zip **33707** Country **U.S.A.**

3. Mailing Office Address **5227 22nd Ave S.**

Suite, Apt. #, etc.

City & State **Gulfport / FL**

Zip **33707** Country **U.S.A.**

REINSTATEMENT 04-06

CR2E081 (8/05)
W05000054449

4. Date Incorporated or Qualified To Do Business in Florida **11-01-1999**

5. FEI Number **59-3546898** ☐ 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 **ISAM AMMOURA**
Street Address (P.O. Box Number is Not Acceptable) **5227 22ND AVE S.**
Suite, Apt. #, Etc. **500064523585**
City **GULFPORT 33707**
State **FL** Zip Code **33707**

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 **Isam Ammoura**
REGISTERED AGENT MUST SIGN

Date **Dec 07-05**

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	WALID MADDAH	5227 22ND AVE S.	GULFPORT/FL 33707

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: **WALID MADDAH**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **12-3-05** (72) 452 8052
Daytime Phone #

1/1/06