

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1062

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

00-01 UBR

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 99000010 440

1. Corporation Name
ORASSAF, INC.

2. Principal Office Address 1605 WOODMERE DR. Suite, Apt. #, etc.		3. Mailing Office Address 1605 WOODMERE DR. Suite, Apt. #, etc.	
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL	
Zip 32210	Country DUVAL	Zip 32210	Country DUVAL

4. Date Incorporated or Qualified To Do Business in Florida 1/29/1999

5. FEI Number 59-3570088
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 Jonathan H. Goodman P.A.

Street Address (P.O. Box Number is Not Acceptable) 1377 Cassat Ave

Suite, Apt. #, Etc.

City Jacksonville **State** FL **Zip Code** 32205

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 *Jonathan H. Goodman* **REGISTERED AGENT MUST SIGN** **Date** 3/15/01

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	ALI Y. ASSAF	1605 WOODMERE DR	JACKSONVILLE, FL 32210

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300.00 L8300.00

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: *Ali Y. Assaf* **ALI Y. ASSAF (PRESIDENT)** **3/15/01** **(904) 993-5129**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

OrAssaf, Inc.

2062

Ali Y. Assaf
President

March 15, 2001

Florida Department of State
Division of Corporations
P.O.Box 6327
Tallahassee, FL 32314

RE: Reinstatement of OrAssaf, Inc. – Document # P99000010440

Recently, while talking to business associates about taxes, I realized that I had not received the Uniform Business Report for this year or in fact for last year. When I formed OrAssaf, Inc., in January 1999, my office address was: 2235 Urban Rd, Jacksonville, FL 32210. A few months later in August, I moved the office to 1605 Woodmere Drive, Jacksonville FL 32210. As a result, I suspect, I have never received the Uniform Business Report form.

I decided to call the Division of Corporations to find out why. The agent that answered my call told me that OrAssaf, Inc. was "administratively dissolved" for non-payment of the \$150.00 fee for the year 2000. When I explained to her what I suspected happened, she said that she would mail me a reinstatement form, and further instructed me: 1) to fill in the form when I received it; 2) to write this letter of explanation; and 3) to pay \$300.00 (\$150.00 for the year 2000, and \$150.00 for this year).

I am therefore attaching the completed and signed Corporation Reinstatement form as well as a check for \$300.00 to cover the \$150.00 fees each for 2000 and 2001. I trust this is satisfactory, and I thank you in advance for your help in this matter.

Sincerely,



Ali Assaf