

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG 16 PM 4:02

DOCUMENT # **P99000031928**

1. Corporation Name

FOOD COURT EATERY, INC

400004562724--3
-08/29/01--01094--017
****908.75 ****908.75

2. Principal Office Address

240 Towne center CIR

3. Mailing Office Address

240 Towne center CIR

Suite, Apt. #, etc.

VC-10

Suite, Apt. #, etc.

VC-10

City & State

SANFORD FL

City & State

SANFORD FL

Zip

32771

Country

Seminole

Zip

32771

Country

Seminole

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3566561

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT **06-01**

SP

7. Name and Address of Current Registered Agent

Name

Ahmad Y ELKhatib

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

246 villa Di Este terr

Suite, Apt. #, Etc.

104

City

Lake Mary

State

FL

Zip Code

32746

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

Ahmad ELKhatib

Date

5-23-01

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
PRES	Ahmad ELKhatib	246 villa Di Este terr #104	Lake Mary FL 32746
V.PRES	BASSAM ELKATIB	10131 culpepper ct	Orlando FL 32836

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:

Ahmad ELKhatib

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-23-01

Date

Daytime Phone #

(407) 830-1240

(407) 739-2023

CR2E081 (9/00)