

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR 15 PM 12:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000068074

1. Corporation Name  
FIRST ENTERP., INTERNATIONAL CORP.

400030397954  
03/15/04--01012--006 \*\*500.00

7-28-03 01/030 001 \$550.00

**REINSTATEMENT**

2. Principal Office Address

151 Opa Locka Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 2405

Suite, Apt. #, etc.

City & State

Opa Locka, Florida

City & State

Ocala, Florida

Zip

33054

Country

USA

Zip

34478

Country

USA

4. Date Incorporated or Qualified -  
To Do Business in Florida 7-30-1999

5. FEI Number

65-0938175

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

Raul Carreras, Jr.

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

101 SW 3rd Street

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34474

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

Date 3/9/2004

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
V.P. Dir.	Kamal Mheisen	151 Opa Locka Blvd.	Opa Locka, FL 33054
Sec. Tres.	Wafa Mheisen	151 Opa Locka Blvd.	Opa Locka, FL 33054
Pres. Dir.	Issa Mheisen	151 Opa Locka Blvd.	Opa Locka, FL 33054

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: Kamal Mheisen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/04

Date

305-953-9934

Daytime Phone #

CR2E081 (01/04)

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