

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

APPROVED AND FILED

01 JAN 19 PM 3:57

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P99000092647**

1. Corporation Name

**OMAR & SON, INC.**

Principal Place of Business

Mailing Address

P O BOX 1234  
 OKEECHOBEE FL 34973-1234

P O BOX 1234  
 OKEECHOBEE FL 34973-1234



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

4. Date Incorporated or Qualified To Do Business in Florida

10/18/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0963680

Not Applicable

Zip

Country

Zip

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	4 City / State / Zip
PD	ISMAIL, MAHA L	<del>1105 SW 5 STREET</del> 1002 Northwest Park Street	OKEECHOBEE FL <del>34974</del> 34972
Sec/D	Nafal, Zaben	1002 Northwest Park Street	Okeechobee, FL 34972
			900003631899--7 -02/02/01--01142--010 ****750.00 ****750.00
		<b>REINSTATEMENT</b>	

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ISMAIL, MAHA L  
 1105 SW 5 STREET  
 OKEECHOBEE FL 34974

Name

Ismail, Maha L.

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

1002 Northwest Park Street  
 Suite, Apt. #, Etc.

City

Okeechobee

State

FL

Zip Code

34972

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

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date

11-6-00

11. 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:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 President

Date

Daytime Phone #

11-6-00 (863)357-3134

CR2ED040 (8/00)