

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT -6 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000 10 85 87**

1. Corporation Name

Nahmad Enterprises, Inc.

2. Principal Office Address

1504 Bay Road

Suite, Apt. #, etc.

Suite 3203

City & State

Miami Beach, FL

Zip

33139

Country

USA

3. Mailing Office Address

1504 Bay Road,

Suite, Apt. #, etc.

Suite 3203

City & State

Miami Beach, FL

Zip

33139

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/16/99

5. FEI Number

65-1156023

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

11/22/02 01101 017 158.75

7. Name and Address of Current Registered Agent

Name

Henry Nahmad

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

1504 BAY Rd, Suite 3203

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33139

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

Henry Nahmad

REGISTERED AGENT MUST SIGN

Date

11/22/02

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
PRESIDENT	Henry Nahmad	1504 BAY Rd, #3203	
	P, S, T, D	M. B. FL 33139	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Henry Nahmad

Date

9/30/03

Daytime Phone #

305-695-1399

CR2E081 (10/02)

JK 10/7

September 30, 2003

Henry Nahmad
Nahmad Enterprises, Inc.
1504 Bay Road, Suite 3203
Miami Beach, FL 33139

Dear Division of Corporations:

My corporation, Nahmad Enterprises, Inc. was dissolved in 2002 because I never received notices. On November 22, 2002, I applied for reinstatement, as well as penalty fee waiver. I also sent in payment of \$158.75. The check was cashed and I assumed all was OK.

Recently, I learned that my corporation was not reinstated. I just spoke with Justin at your division, who told me to write this note as well as to send in \$150 for this year and another application for reinstatement. I am doing so hereby. Justin also said that the \$8.75 I sent in last year would cover the fee for certificate of status this year.

Also, please note that the Corporate Address has been changed. The new principal office and mailing address are both now as listed on the application. The corporate telephone number is 305-695-1399.

Please contact me if there are any additional issues.

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Henry Nahmad", with a long, sweeping horizontal line extending to the right.

Henry Nahmad
President, Nahmad Enterprises, Inc.