

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

DOCUMENT # S55159

1. Corporation Name

SPEEDWAY PRINTING INC.

Principal Place of Business

Mailing Address

12815 NW 45 AVE  
OPA LOCKA FL 33054

12815 NW 45 AVE  
OPA LOCKA FL 33054

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/24/1991

5. FEI Number 65-0269861

Applied For

Not Applicable

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)

| Title(s) | Name of Officers<br>and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|----------|--------------------------------------|---|--------------------|
| 1        | 2                                    | 3   | 4                  |
| PDST     | CHATILA, AHMAD                       | 12815 NW 45 AVE                                   | OPA LOCKA FL 33054 |
| VP       | ITANI, MOHAMAD                       | 12815 NW 45 AVE                                   | OPA LOCKA FL 33054 |
| S        | CHATILA, YAQULIN                     | 12815 NW 45 AVE                                   | OPA LOCKA FL 33054 |
|          |                                      |   |                    |
|          |                                      |   |                    |
|          |                                      |   |                    |
|          |                                      |   |                    |

500003500355--2  
-12/13/00--01100--015  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ITANI, MOHAMAD  
12815 NW 45 AVE  
OPA LOCKA FL 33054

Name

Ahmad Chatila

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

19410 N.W 62nd place

Suite, Apt. #, Etc.

City

miami

State

Zip Code

FL

33015

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-14-00

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)(l), 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 REQUIRED Ahmad Chatila

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-14-00

Daytime Phone #

305  
681-3882

# GABOL *Screen Printing Co.*

②

November 14, 2000

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

Dear Sir or Madam:

Recently, While reviewing our records, we discovered that our payment to your office, mailed on 3/14/2000 had not cleared our bank. After further review and a call to your office, we were informed that your office in fact had not received our check, so we have re-sent today a replacement check in the amount of \$150.00.

Also enclosed is a copy of the first payment we sent back in March.

We regret any inconvenience that our lost check may have caused.

Sincerely,



Ahmad Chatila  
President

12815 N.W. 45 Avenue . Miami, FL 33054 . Tel. (305) 681-3882