

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 NOV -5 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

4. Date Incorporated or Qualified
To Do Business in Florida

05/24/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
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
			200004698192--2
			-11/29/01--01041--018
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CHATILA, AHMAD
19410 NW 62ND PLACE
MIAMI FL 33015

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date 3-2-01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-2-01

305 401 2389

GABOL SCREEN PRINTING CO.

12815 N.W. 45TH AVENUE

MIAMI, FL 33054

(305) 681-3882

November 2, 2001

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 3/2/2001 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,

A handwritten signature in black ink, appearing to read 'Ahmad Chatila', with a large, sweeping flourish extending from the end of the signature.

Ahmad Chatila
President

9894

GABOL SCREEN PRINTING CO.

12815 NW 45TH AVENUE

MIAMI, FL 33054

(305) 681-3882

NATIONSBANK, N.A.

63-4/630 FL 1346

PAY DEPARTMENT OF STATE

DATE

AMOUNT

TO THE ORDER OF One Hundred Fifty and 00/100

03-02-2001

\$150.00

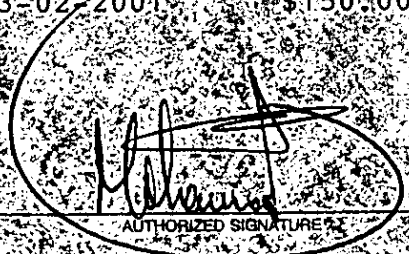
DEPARTMENT OF STATE

Division of Corporations

P.O. Box 1500

Tallahassee, FL 32302-1500

Document# S55159



AUTHORIZED SIGNATURE

⑈009894⑈ ⑆0630000047⑆ 003062130083⑈

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

GABOL SCREEN PRINTING CO.

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DEPARTMENT OF STATE

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03-07-2001

\$150.00