

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

97 NOV 24 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V08881**

1. Corporation Name

BILHAL, INC.

Mailing Address

1225 W 45th Street Suite # 306
West Palm Beach FL 33407

Principal Place of Business

1225 W 45th Street Suite # 306
West Palm Beach FL 33407

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

3. New Principal Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

1/23/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0318379

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	Issam Chahine	1550 NW 110TH AVE	PLANTATION FL
D	Tamara Chahine	3860 Spanish moss Ter AP 307	TAMPA FL 33319
D	Talal Chahine	1140 NW 76 Ave	PLANTATION FL 33322

100002358111--8

-11/26/97-01087-014

******165.00 ****165.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Talal Chahine

Name

1140 NW 76 Ave

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

PLANTATION FL 33322

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **11/05/97**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐

(See other side for additional information)

12. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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]
Talal Chahine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/05/97 561-842-1131

Date

Daytime Phone #

②

BILLAL, INC.
1225 W 45TH STREET SUITE 305
WEST PALM BEACH FL 33407
(561) 842-1131

11/4/97

REINSTATEMENT SECTION
Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

RE: BILLAL, INC.

Enclosed please find an Application For Reinstatement of the Corporation of Billal, Inc.. We are requesting a waiver of the late fees due to a change of address and not receiving the Corporation Annual Report.

Also enclosed please find a check for \$165.00 as filing fee.

Please file the enclosed Application For Reinstatement with the Department of State. A Certified Copy is not necessary.

Thank you for your cooperation to this matter.

Sincerely,


Issam Chahine
President