FILED
Jul 08 1999 8:00am
Secretary of State

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V23365

1. Corporation Name

ALSAHSAH

1403-2 Dunn Avenue (3711 Trout River Blvd)
Principal Place of Business

Jacksonville, Fla. 32208
Mailing Address

07/08/99 90010 005 550.00

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
1403-2 Dunn Avenue	3711 Trout River Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Jacksonville, Fla. 32218	Jax Fla. 32208
Zip 32218 Country duval	Zip 32208 Country duval

4. Date Incorporated or Qualified To Do Business In Florida: 3-23-92

5. FEI Number: 59-3113264 ☐ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres	Kayed HaMdi Alsahsah	1403-2 Dunn Avenue	Jax, Fla. 32218
V Pres	Maher Alsahsah	1403-2 Dunn Avenue	Jax Fla. 32218

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: Kayed Hamdi Alsahsah
Street Address (P.O. Box Number is Not Acceptable): 1403-2 Dunn Avenue
Suite, Apt. #, Etc.: Jax, Fla. 32218
City: Jacksonville, Fla. State: FL Zip Code: 32218

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: Kayed Hamdi Alsahsah
REGISTERED AGENT MUST SIGN
Date: 6-23-99

11. 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.)

12. 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: Kayed Hamdi Alsahsah — 6-23-99 — 904-757-7331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E044 (12/98)