

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

*Katherine Harris*  
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 NOV 17 PM 3: 06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000008238**

1. Corporation Name

**AMERICAN TAMILA, INC.**

Principal Place of Business

Mailing Address

226 PALM COAST PKWY.  
PALM COAST FL 32137

2 BURBANK DR.  
PALM COAST FL 32137



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

01/27/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

226 PALM COAST PKWY

5. FEI Number

59-3488789

Applied For

Not Applicable

City & State

City & State

PALM COAST FL

Zip

Country

Zip

Country

32137

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 and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
P	ZHAMUHANOV, MAGOMED	2 BURBANK DRIVE	PALM COAST FL 32137
VP	ZHAMUHANOVA, ZINA	2 BURBANK DRIVE	PALM COAST FL 32137

000003491360--8  
-12/08/00--01022--005  
\*\*\*\*150.00 \*\*\*\*150.00

*NSP*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ZHAMUHANOV, MAGOMED  
2 BURBANK DR.  
PALM COAST FL 32137

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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**

Date

REGISTERED AGENT MUST SIGN

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 ZHAMUHANOV MAGOMED 11/15/00*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/00)

292

AMERICAN TAMILA, INC.  
226 PALM COAST PKWY  
PALM COAST FL 32137  
(904)445-3706

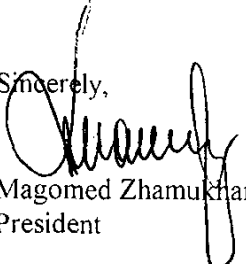
November 15, 2000

Florida Department of State  
Division of Corporation

To-whom-it-may concern: ---

Please be advised that the company did not receive any information for filing annual fee.  
This application for reinstatement was the only one notice from your office.  
Please make any adjustments in our records. Thank you for your cooperation.  
Filing fee \$150 is attached.

Sincerely,

  
Magomed Zhamukhanov  
President