

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 DEC 10 AM 11:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000027798

1. Corporation Name

AMNIS ENERGY, INC.

2. Principal Office Address

77 E. MISSOURI AVE

3. Mailing Office Address

610 E. BELL ROAD

Suite, Apt. #, etc.

UNIT #71

Suite, Apt. #, etc.

#2-462

City & State

PHOENIX AZ

City & State

PHOENIX AZ

Zip

85012

Country

USA

Zip

85022

Country

USA

**REINSTATEMENT 03-04**

4. Date Incorporated or Qualified  
To Do Business in Florida

3/25/98

5. FEI Number

522138061

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ERIC P. LITTMAN

200043610342

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

7695 S.W. 104<sup>th</sup> STREET

12/23/04 01025-005 \*\*305 75

Suite, Apt. #, Etc.

SUITE 210

City

MIAMI

State

FL

Zip Code

33156

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*[Signature]*

Date

12/6/04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	PHILIP M YOUNG (D)	77 E. MISSOURI #71	PHOENIX AZ 85012
VP SEC	SALLI MARINOV (D)	143 W. HELENA	PHOENIX AZ 85023

10. 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/2/2004

Daytime Phone #

602-485-1346

CR2E081 (07/04)