

Division of Corporations

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**FD 2000002365**

**Florida Department of State**

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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(((H02000137949 2)))

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**To:**

Division of Corporations  
Fax Number : (850) 205-0383

**From:**

Account Name : Financial Accounting Services  
Account Number : I20020000012  
Phone : (407) 423-2371  
Fax Number : (407) 423-7226

**FOREIGN PROFIT QUALIFICATION**

**AMYN ENTERPRISES, INC.**

Certificate of Status	1
Certified Copy	0
Page Count	06
Estimated Charge	\$78.75

02 MAY 13 AM 10:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AND  
FILED

TS

H 02000151744 a

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. AMYN Enterprises, Inc  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Atlanta, GA  
(State or country under the law of which it is incorporated)
3. 58-2374012  
(FEI number, if applicable)
4. 2-16-1958  
(Date of incorporation)
5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. 6-1-02  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. a. 5419 Silver Star Rd, Orlando FL 32818  
(Principal office address)  
b. 5419 Silver Star Rd, Orlando FL 32818  
(Current mailing address)
8. Commence store  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  
Name: Zohra Savja  
Office Address: 5419 Silver Star Rd  
Orlando FL, Florida 32818  
(Zip code)

02 MAR 13 AM 10:19  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Signature]  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: Zohra Sanja

Address: 5419 Silver Star Rd

Orlando FL 32818

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Zohra Sanja

(Typed or printed name and capacity of person signing application)

APPROVED  
AND  
FILED  
02 MAY 3 11:10:20  
SECRETARY OF CLARK  
ALL AMESSETT, ILLINOIS

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**Secretary of State**  
**Corporations Division**  
**315 West Tower**  
**#2 Martin Luther King, Jr. Dr.**  
**Atlanta, Georgia 30334-1530**

DOCKET NUMBER : 021230854  
CONTROL NUMBER : K806712  
DATE INCORPORATED: 02/16/1998  
DATE DISSOLVED : 07/05/1999  
EFFECTIVE DATE : 05/03/2002  
REFERENCE : 0044  
PRINT DATE : 05/03/2002  
FORM NUMBER : 122

FID # 58-2374010-

AMYN ENTERPRISE, INC.  
2201 COBBLESTONE BLVD.  
FAYETTEVILLE, GA 30215

**CERTIFICATE OF REINSTATEMENT**

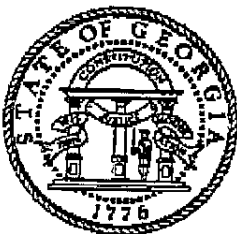
I, Cathy Cox, the Secretary of State and the Corporations Commissioner of the State of Georgia, do hereby certify under the seal of my office that

**AMYN ENTERPRISES, INC.**  
**A DOMESTIC PROFIT CORPORATION**

was incorporated and later dissolved on the dates stated above. Said corporation has filed an application for reinstatement, has paid all fees and penalties due to the Secretary of State, and has filed an updated annual registration. Attached hereto is a true and correct copy of said application.

WHEREFORE, said corporation is hereby reinstated as of the effective date of this certificate, having met the requirements for reinstatement under Title 14 of the Official Code of Georgia Annotated. The corporation's reinstatement shall relate back to and take effect as of the date of the administrative dissolution and the corporation may resume its business as if the administrative dissolution had never occurred.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on the date set forth above.



*Cathy Cox*

Cathy Cox  
Secretary of State

APPROVED  
AND  
FILED  
MAY 13 AM 10:20  
SECRETARY OF STATE  
ATLANTA, GEORGIA



Cathy Cox  
Secretary of State

Suite 315 West Tower  
2 Martin Luther King Jr. Dr.  
Atlanta, Georgia 30334-1530  
(404) 656-2817

2120001

HD2000137949

AMYN ENTERPRISE, INC.

Reservation Number : 021230685  
Control Number : K806712  
Date Dissolved : 07/05/1999  
Telephone Number : (404) 656-2817  
Amount Due : \$175.00  
Print Date : 05/03/2002  
Form Number : 522

~~NORCROSS, GA 30092~~

2201 COBBLESTONE BLVD  
FAYETTEVILLE, GA 30215

# APPLICATION FOR REINSTATEMENT OF A DOMESTIC CORPORATION

Pursuant to the provisions of Title 14 of the Official Code of Georgia Annotated, the undersigned domestic corporation hereby applies to the Secretary of State for a certificate of reinstatement of a domestic corporation and submits the following:

AMYN ENTERPRISES, INC.

Was administratively dissolved by the Office of Secretary of State on the date stated above for failure to comply with the requirements of Title 14 of the Official Code of Georgia Annotated. Grounds for the dissolution either did not exist or have been eliminated. All taxes owed by the corporation have been paid. The name, satisfying the requirements of Title 14 of the Official Code of Georgia Annotated, by which the corporation will hereafter be known is

AMYN ENTERPRISE, INC.

This application must be accompanied by the annual registration and the amount due above which is the sum of the filing fee, and the total annual fees.

Complete and return all copies of this form with a check made payable to the Secretary of State for the amount due above. This application must be signed by the Chairman of the Board of Directors, President, or other Corporate Officer.

Signature & Title

Date

[Signature] PRESIDENT

05/03/02

02 MAY 13 AM 10:20  
SECRETARY OF STATE  
FALL RIVER, FLORIDA

APPROVED  
AND  
FILED

CORPORATION NAME

ADDRESS

CITY

STATE

ZIP

AMYN ENTERPRISES, INC.	2201-A COBBLESTONE BLVD	NORCROSS	GA	30092
MAILING ADDRESS CHANGE TO:	2201 COBBLESTONE BLVD	FAYETTEVILLE, GA	30215	
CEO: **NO NAME ON FILE ENTER BELOW**	**PLEASE ENTER ADDRESS BELOW*	**ENTER CITY BELOW**	**ENTER STATE BELOW**	**ENTER ZIP BELOW**
CFO: **NO NAME ON FILE ENTER BELOW**	**PLEASE ENTER ADDRESS BELOW*	**ENTER CITY BELOW**	**ENTER STATE BELOW**	**ENTER ZIP BELOW**
SEC: **NO NAME ON FILE ENTER BELOW**	**PLEASE ENTER ADDRESS BELOW*	**ENTER CITY BELOW**	**ENTER STATE BELOW**	**ENTER ZIP BELOW**
AGT: ZOIRA SAVJA	6123-A COBBLESTONE PKWY.	NORCROSS	GA	30092

MAKE CORRECTIONS OR CHANGES BELOW (TYPE OR PRINT)

STREET ADDRESS

CITY

STATE

ZIP

CEO: ZOIRA SAVJA	2201 COBBLESTONE BLVD	FAYETTEVILLE GA	30215
CFO: ZOIRA SAVJA			
SEC: ZOIRA SAVJA			
AGT: ZOIRA SAVJA			

I HEREBY CERTIFY THAT I AM AUTHORIZED TO SIGN THIS FORM, THE INFORMATION IS TRUE AND CORRECT.

FEIN:

FEIN CORRECTION:

AUTHORIZED SIGNATURE: [Signature]

DATE: 05/03/02

COUNTY OF GWINNETT  
REGISTERED OFFICE:

COUNTY FAYETTE  
CHANGE OR CORRECTION:

TITLE: PRESIDENT PHONE # (678) 716-5802

BR522 (01-02) 2002 CORPORATION ANNUAL REGISTRATION

FEE: \$75.00 GA 02/16/1992 DP K806712

02K806712007500AMYNENTERPRISESINC