


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F21000001730 1. Corporation Name ALMALINUX OS FOUNDATION <i>Inc.</i>			
2. Principal Office Address - No P.O. Box # 20791 Three Oaks Pkwy, #980 Suite, Apt. #, etc. City & State Estero, FL Zip Country 33929 USA		3. Mailing Office Address 20791 Three Oaks Pkwy, #980 Suite, Apt. #, etc. City & State Estero, FL Zip Country 33929 USA	
		900404581519 CR2E021 (11/10)	
		4. Date Incorporated or Qualified To Do Business in Florida March 26, 2021 5. FEI Number 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 CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET Suite, Apt. #, Etc. City State Zip Code TALLAHASSEE FL 32301-2525		T. SCOTT MAR 13 2023 DIVISION OF CORPORATIONS TALLAHASSEE, FL 2023 MAR 13 AM 10:00 FILED	
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 <i>Allegans Wilton-Jensen, ACP</i> Date 03/13/2023 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
P	Igor Seletskiy	20791 Three Oaks Parkway, #980	Estero, FL 33929
D	Jack Aboutboul	1750 E 27TH STREET	Brooklyn, NY 11229
D	Jesse Asklund	2008 SEDONA DRIVE	LEAGUE CITY, TX 77573
D	Simon Phipps	PO BOX 456	SOUTHAMPTON SO17 1 GB GB
D	Jennifer Vasquez	502 S Bridge Street	DEWITT, MI 48820
D	Jonathan Robertson	4263 ROXBURY DRIVE	Buffalo, NY 14221
10. E-mail Address: _____ (To be used for future annual report notification)			
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 507 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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.			
SIGNATURE: <i>Igor Seletskiy</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		03/08/23 Date	718-930-4286 Daytime Phone #

Additional Directors

Moshe I. Bar 6750 W Loop South Bellaire TX 77401

Daniel Person 5304 Whispering Pines Drive Mount Olive, AL 65117

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I200000000195

REFERENCE : 577171 4341789

AUTHORIZATION :

COST LIMIT : \$ 500.00

ORDER DATE : March 13, 2023

ORDER TIME : 12:22 PM

ORDER NO. : 577171-005

CUSTOMER NO: 4341789

REINSTATEMENT

NAME: ALMALINUX OS FOUNDATION

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson

EXAMINER'S INITIALS _____

take whatever fees are needed, reinstatement is not going thru online due to agent resignation, do whatever you need to do

RECEIVED
2023 MAR 13 PM 3:32
TALLAHASSEE, FL