

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
OFFICE
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P00000026768**

1. Corporation Name

AMINA, INC.

Principal Place of Business

Mailing Address

**10451 SOUTHERN BOULEVARD
ROYAL PALM BEACH FL**

**10451 SOUTHERN BOULEVARD
ROYAL PALM BEACH FL**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/15/2000

5. FEI Number

65-0995471

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 3	City / State / Zip 4
Pres	ALAYYAN, BASHIR	10451 SOUTHERN BOULEVARD	ROYAL PALM BEACH FL
V. Pres.	HAS, WAFD	10451 SOUTHERN BLVD	ROYAL Palm Beh

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**ALAYYAN, BASHIR
1045 SOUTHERN BOULEVARD
ROYAL PALM BEACH FL**

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

Date **10-**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-20-2001

**861
793-5800**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 30 AM 11:14



216101 90238 033-5000

CR2040 (801)

2012

10-20-2001

To Whom it May Concern,

I am sending back this
form Opposition reinstatement,
I had called about why it
had been resolved, its because
they had a incorrect EIN #. But,
I did not receive the notice
back in January, sorry. So I hope
everything is correct now.

Sincerely
Jeffrey Hays (617) 935-5820