PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 JAN 31 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORID

DOCUMENT # P00000071972

1. Corporation Name

AMOR TRANSPORTATION INC

100029814461
02/14/06--01033--011 **600.00

3|3|04 01049 006 $600.00

REINSTATEMENT 03-06

2. Principal Office Address 3050 COUNTRY CLUB LANE	**3.** Mailing Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida 07/28/2000

City & State PEMBROKE PARK FL	City & State

5. FEI Number 65-1026889

☐ Applied For
☐ Not Applicable

Zip 33009-5118	Country USA	Zip Country

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name SALOMON BEN-AMOR

100029814461
03/03/04--01049--006 **600 00

Street Address (P.O. Box Number is Not Acceptable) 3050 COUNTRY CLUB LANE

Suite, Apt. #, Etc.

City PEMBROKE PARK	State FL	Zip Code 33009-5118

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 _____ Date 01/30/2006
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	SALOMON BEN-AMOR	3050 COUNTRY CLUB LANE	PEMBROKE PARK FL 33009

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 contained in Chapter 119, 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: _Solomo Be_ 01/30/2006 954-557-8043
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

K Fahal FEB 0 2 2006