

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000030067

1. Corporation Name

Amphora International, Inc.

2. Principal Office Address - No P.O. Box #

3900 Woodlake Blvd

Suite, Apt #, etc

Suite 208

City & State

Greenacres, FL

Zip

33463

Country

USA

3. Mailing Office Address

3900 Woodlake Blvd

Suite, Apt #, etc.

Suite 208

City & State

Greenacres, FL

Zip

33463

Country

USA

REINSTATEMENT

03-10

4. Date Incorporated or Qualified
To Do Business in Florida

Mart 21, 2001

5. FEI Number

52-2315495

☐ 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

Serdar A. Argic

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

3900 Woodlake Blvd

Suite, Apt. #, Etc

Suite 208

City

Greenacres

State

FL

Zip Code

33463

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

Serdar Argic

REGISTERED AGENT MUST SIGN

Date **6/15/2010**

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	Serdar A. Argic	3900 Woodlake Blvd, Suite 208	Greenacres, FL, 33463
VP	Sibel Argic	3900 Woodlake Blvd, Suite 208	Greenacres, FL, 33463
VP	Serdar Varan	3900 Woodlake Blvd, Suite 208	Greenacres, FL, 33463

10. E-mail Address: **amphora@amphora-int.com**

(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 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. 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.

SIGNATURE:

Serdar Argic

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/15/2010

Date

Daytime Phone #

7/6 ad