

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

**07 MAR 14 AM 6:45**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800093248178  
03/16/07--01009--022 \*\*308.75

**REINSTATEMENT**

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000021325

1. Corporation Name

**Amerione Corporation**

2. Principal Office Address - No P.O. Box # <b>802 W. Bloomingdale Ave.</b>		3. Mailing Office Address <b>802 W. Bloomingdale Ave.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Brandon, Florida</b>		City & State <b>Brandon, Florida</b>	
Zip <b>33511</b>	Country <b>USA</b>	Zip <b>33511</b>	Country <b>USA</b>

4. Date Incorporated or Qualified To Do Business in Florida **02/26/2002**

5. FEI Number **043612445**

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

7. Name and Address of Current Registered Agent

Name **Majed Abuamaish**

Street Address (P.O. Box Number is Not Acceptable) **802 W. Bloomingdale Ave.**

Suite, Apt. #, Etc.

City **Brandon** State **FL** Zip Code **33511**

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *[Signature]* Date **3-8-2007**

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
PD	Majed Abuamaish	P.O. Box 1372	Riverview, FL. 33568
VD	Gus Abuimaish	P.O. Box 886	Riverview, FL. 33568

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: *[Signature]* Date **3-8-07** Daytime Phone # **813-217-5380**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B. Mitchell MAR 14 2007