2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000142203

1. Entity Name
SEMALI CORP.

Principal Place of Business	Mailing Address
515 LIMERICK DR. MERRITT ISLAND, FL 32953 US	515 LIMERICK DR. MERRITT ISLAND, FL 32953 US

10142005   REIN-P   CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	4. FEI Number	Applied For / Not Applicable
Zip / Country	Zip / Country	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
YILDIRGAN, ALI 515 LIMERICK DR. MERRITT ISLAND, FL 32953	Name Street Address (P.O. Box Number is Not Acceptable) City ___ FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____   10-21-05
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2006, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: YILDIRGAN, ALI STREET ADDRESS: 515 LIMERICK DR CITY-ST-ZIP: MERRITT ISLAND, FL 32953		☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	6000608 36476 10/24/05--01055--004 **150.00	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____   10-21-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #