

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P93000073962

1. Corporation Name

AMANDA CORPORATION

2. Principal Office Address

1595 N.E 123rd CT

Suite, Apt. #, etc.

City & State

MIAMI - FLORIDA

Zip

33150

Country

DADE

3. Mailing Office Address

1595 N.E 123rd CT

Suite, Apt. #, etc.

City & State

MIAMI - FLORIDA

Zip

33150

Country

DADE

REINSTATEMENT 00-01

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

65-0444744

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

NARIL S. ABDUKAM

400004547474--5

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

1595 N.E 123rd CT

-08/21/01--0106--027

***\$900.00 ***\$900.00

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33150

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of Registered Agent

X [Signature]

Date

07/23/01

REGISTERED AGENT-MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>BSJ</u>	<u>NARIL S. ABDUKAM</u>	<u>1595 N.E 123rd CT</u>	<u>MIAMI - FL 33150</u>

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 807 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 807.0401 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)(l), 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:

X [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/23/01

Date

305-310-9030

Daytime Phone #