## 2004 FOR PROFIT CORPORATION REINSTATEMENT

| DOCUMENT # P97000047576  AMILANI CORP.  AMILANI COR | REINSTATEMENT       |   |  |                      |  |                    | FILED                         |                        |              |  |
|--|---------------------|---|--|----------------------|--|--------------------|-------------------------------|------------------------|--------------|--|
| Pricipal Place of Business 2720 W. MARTIN LUTHER KING BLVD. TAMPA, FL 33507  2. Principal Place of Business 2. Suite, Agrit, F. otc.  3. Malling Address of Current Registrated Agent  3. Malling Address of Current Registrated Agent  4. FE Number of Suite, Departed Suite, Suite, Departed Suite, Suite, Departed Suite, Departed Suite, Suit |                     |   |  |                      |  |                    |                               |                        |              |  |
| 2.720 W. MARTIN LUTHER KING BLVD. TAMPA, FL. 33607  Zipe Country   |                     |   |  |                      |  |                    | 04 NOV -1                     | 1H 10: 32              | -            |  |
| 2.720 W. MARTIN LUTHER KING BLVD.  Zing Country  Zing Coun |                     |   |  |                      |  | <u></u>            | SECRETARY OF STATE A          |                        |              |  |
| TAMPA, FL 33607  TO Country  TO MARKET AUTHOR KING BLVD.  TAMPA, FL 33607  TO Replace Agent  TO Name and Address of New Registered Agent  To Name And Address of New Reg |                     |   | · DI VID   |                      | TALLAHASSIE  | " FURIOW           |                               |                        |              |  |
| Suite. Aprl. 4, Inc.   Suite. Suite.   Suite. Suite.   Suite. Aprl. 59-34.48783   Suite. Su |                     |   | , DLVD.  |                      |  |                    |                               |                        |              |  |
| Suite. Aprl. 4, Inc.   Suite. Suite.   Suite. Suite.   Suite. Aprl. 59-34.48783   Suite. Su |                     | N   | La Marina Addana   |                      |  |                    |                               |                        |              |  |
| Zip Country Zip Country Season Section   |                     |   |  |                      |  | ''''               | - 1-111                       |                        |              |  |
| Zip Country Zip Country Season Section   | Suite,.Apt          | #.etc   | — Sulte, Apt. #∉etc.————————————————————————————————————         |                      |  | THE PARTY          | PATEMA                        | GP25098 (6/04)         | -74          |  |
| 5. Centraces of Status Desired  Fee Required  7. Name and Address of Current Registered Agent  AMILANI, AZIZ 2720 W. MARTIN LUTHER KING BLVD.  TAMPA, FL 33607  City  FL  Zip Case  In accordance with s. 607.193(2)(b), F.S., the corporation of registered agent, or both, in the State of Provide. I are transfer with, and accept the obligations of registered agent.  SIGNATURE:  ANALY ANALY ANALY ASSISTANCES AND PRECIORS  TIL  AMILANI, MALIK  ANALY ANALY ANALY ASSISTANCES AND PRECIORS  TIL  AMILANI, MALIK  ANALY  | City & Stat         | е   | City & State   |                      |  | 4. FELINUMB        | er                            |                        |              |  |
| 6. Name and Address of Current Registered Agent  AMILANI, AZIZ  2720 W. MARTIN LUTHER KING BLVD. TAMPA, FL 33607  City FL Zip Code  6. The above named onlity submits this statement for the purpose of changing its registered agent, or both, in the State of Fords. I am lumillar with, and accept the obligations of registered agent, or both, in the State of Fords. I am lumillar with, and accept the obligations of registered agent, or both, in the State of Fords. I am lumillar with, and accept the obligations of registered agent, or both, in the State of Fords. I am lumillar with, and accept the obligations of registered agent, or both, in the State of Fords. I am lumillar with, and accept the obligations of registered agent, or both, in the State of Fords. I am lumillar with, and accept the obligations of registered agent, or both, in the State of Fords. I am lumillar with, and accept the obligations of registered agent, or both, in the State of Fords. I am lumillar with, and accept the obligations of registered agent, or both, in the State of Fords. I am lumillar with, and accept the obligations of registered agent, or both, in the State of Fords. I am lumillar with, and accept the obligations of registered agent, or both, in the State of Fords. I am lumillar with, and accept the purposes.  Intelligence of registered agent, or both, in the State of Fords. I am lumillar with, and accept the state of purposes.  Intelligence of registered agent, or both, in the State of Fords. I am lumillar with, and accept the state of purposes.  Intelligence of registered agent, or both, in the State of Fords. I am lumillar with, and accept the state of purposes.  Intelligence of registered agent, or both, in the State of Fords. I am lumillar with, and accept the state of purposes.  Intelligence of registered agent, or both, in the State of Fords. I am lumillar with, and access, with a state of section and accept the state of the purpose of the state of the state of the purpose of the purpose of the purpose of the purpose of the pu | Zip .               | Country   | Country Zip Cou  |                      | try  |                    |                               |                        |              |  |
| AMLANI, AZIZ 2720 W. MATERI TO LUTHER KING BLVD. TAMPA, FL 33607  City FL Zip Code  6. The abover-princed energy submits this statement for the purpose of changing its registered agent, or born, in the State of Forlds. I am familiar with, and accept the obligations of registered agent and site in accordance with submits in the statement for the purpose of changing its registered agent, or born, in the State of Forlds. I am familiar with, and accept the obligations of registered agent and site in accordance with submits in the state of Forlds. I am familiar with, and accept the obligations of registered agent and site in accordance with submits in the state of Forlds. I am familiar with, and accept and accordance with submits in the state of Forlds. I am familiar with, and accept and accordance with submits in the state of Forlds. I am familiar with, and accept agent age |                     | 6. Name and Address of Current  | 7. Name and Address of New Registered Agent                      |                      |  |                    |                               |                        |              |  |
| TAMPA, FL 33607  City FL Zip Code  8. The above named onlity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligation of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligation of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligation of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligation of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligation of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligation of the state of Florida. Lam familiar with, and accept the prior notice.  In accordance with s. 607.193(2)(b), F.S., the corporation of the registered agent, or both accept the prior notice.  In accordance with s. 607.193(2)(b), F.S., the corporation of the registered agent.  In accordance with s. 607.193(2)(b), F.S., the corporation of the section of the prior accept the prior of charge agent and accept the prior accept of the corporation of the register agent agent agent agent agent agent accept the prior accept of the corporation of the register agent agen |                     |   |  |                      |  |                    |                               |                        |              |  |
| 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fiorda. I am familiar with, and accept the obligations of registered agent.    Composition of the purpose of changing its registered agent, or both, in the State of Fiorda. I am familiar with, and accept the obligations of registered agent.   |                     |   |  |                      | Sileet Address (1.0. Dox Number is Not Acceptable) |                    |                               |                        |              |  |
| 8. The above named critis, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fordia. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    SIGNATURE  |                     |   |  |                      | City   |                    |                               | Zip Cod                | e            |  |
| SIGNATURE    Cignature, loyed or pursued-name of registred agent and site if applicable.   (NOTE Registered Agent signature required when reinstalling)   DATE   |                     |   | r the purpose of changing its                                    | register             | ed office or regis                                 | tered agent, or bo | th, in the State of Florida.  | ,                      | and accept   |  |
| FILE NOWILL FEE IS \$150.00  After January 1, 2005, Fee will be \$300.00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  111. OI / 04 0 1069 - 0 4 4 4 4 5 5 5 5 7 CITY - 51-2P  111. OI / 04 0 1069 0 0 9 *** 150.00  111. ANAME  AMILANI, MALIK  111. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  111. OI / 04 0 1069 0 0 9 *** 150.00  111. ANAME  AMILANI, MALIK  111. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  111. OI / 04 0 1069 0 0 9 *** 150.00  111. ANAME  AMILANI, MALIK  111. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  111. OI / 04 0 1069 0 0 9 *** 150.00  111. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  111. OI / 04 0 1069 0 0 9 *** 150.00  111. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  111. OI / 04 0 1069 0 0 9 *** 150.00  111. OI / 04 0 1069 0 0 9 *** 150.00  111. OI / 04 0 1069 0 0 9 *** 150.00  111. OI / 04 0 1069 0 0 9 *** 150.00  111. OI / 04 0 1069 0 0 9 *** 150.00  111. OI / 04 0 1069 0 0 9 *** 150.00  111. OI / 04 0 1069 0 0 9 *** 150.00  111. OI / 04 0 1069 0 0 9 *** 150.00  111. OI / 04 0 1069 0 0 9 *** 150.00  111. OI / 04 0 1069 0 0 9 *** 150.00  111. OI / 04 0 1069 0 0 9 *** 150.00  111. OI / 04 0 1069 0 0 9 *** 150.00  111. OI / 04 0 1069 0 0 9 *** 150.00  111. OI / 04 0 1069 0 0 9 *** 150.00  111. OI / 04 0 1069 0 0 9 *** 150.00  111. OI / 04 0 1069 0 0 9 *** 150.00  111. OI / 04 0 1069 0 0 9 *** 150.00  111. OI / 04 0 1069 0 0 9 *** 150.00  111. OI / 04 0 1069 0 0 9 *** 150.00  111. OI   | _                   | tions of registered agent.  |  |                      |  |                    |                               |                        |              |  |
| After January 1, 2005, Fee will be \$300.00  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE PARLAM, MALIK STREET ADDRESS CITY-ST-2P NILES, IL 60714  TITLE VP AMLANI, AZIZ STREET ADDRESS CITY-ST-2P NILES, IL 60714  TITLE NAME STREET ADDRESS CITY-ST-2P NILES STREET ADDRESS CITY-ST-2P NILES | SIGNATURE           |   |  |                      |  |                    |                               |                        |              |  |
| 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  | 1                   |   |  |                      |  | -                  |                               |                        |              |  |
| TITLE NAME NAME NAME NAME NAME NAME NAME NAM   |                     |   |  | 1                    |  | ADDITIONS          |                               | <u> </u>               |              |  |
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| TITLE NAME ANLANI, AZIZ  A733 W. WATER AVENUE  TITLE  AMALANI, AZIZ  A733 W. WATER AVENUE  TITLE  TITLE  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  NAME  S | Į.                  |   |  |                      |  | 7:                 | 0004236                       | 32567                  |              |  |
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| NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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 attention with an address, with all other like empowered.  SIGNATURE:  **STREET ADDRESS** CITY-ST-ZIP  10 28 - W1  10 28 - W1  10 28 - W1   | 1 -                 |   |  |                      |  |                    |                               |                        |              |  |
| STREET ADDRESS CITY-S1-ZIP  12. I hereby certify that the information supplied with this filling 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 attention of the corporation of the receiver of the corporation of 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 attention of the receiver of the corporation of the receiver or trustee empowered.  SIGNATURE:  **SIGNATURE:**  **AUTORITION OF THE REPORT OF THE  | N                   |   | Delete   |                      |  |                    |                               | ☐ Change               | ☐ Addition   |  |
| 12. I hereby certify that the information supplied with this filling 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 - 28 - 01   | STREET ADDRESS      |   |  | STRE                 | ET ADDRESS   |                    |                               |                        |              |  |
| 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 attention with an address, with all other like empowered.  SIGNATURE:  10 - 28 - 04   |                     | certify that the information supplied with  | this filing does not qualify for                                 |                      |  | Section 119 07/3)  | (i). Florida Statutes, Lifurt | her certify that the i | nformation   |  |
| SIGNATURE: ( ) A313 cm 10-28-04  | indicated of the co | on this report or supplemental report is<br>rporation or the receiver or trustee empore | s true and accurate and that no<br>owered to execute this report | ny signa<br>as requi | ture shall have th                                 | ne same legal effe | ct as if made under oath;     | that I am an officer   | or director  |  |
|  |                     | 51 A17  | with all other like empowered.                                   |                      |  |                    | 10-28-14                      | 4                      |              |  |
|  | SIGNAT              | URE:  | PRINTED NAME OF SIGNING OFFICER                                  | OR DIREC             | TOR  |                    | Date Date                     |                        |              |  |