

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED
 AND
 FILED

98 DEC 11 AM 9:35

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P97000091983

1. Corporation Name

AMELIA TRADING, CORP.

Principal Place of Business

149 SW MARTIN LUTHER KING AVENUE
 Ocala FL 34474

Mailing Address

149 SW MARTIN LUTHER KING AVENUE
 Ocala FL 34474

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
 To Do Business in Florida

10/27/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0801840

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
 for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	AIDI, HASAN AI	149 SW MARTIN LUTHER KING AVENUE	OCALA FL 34474

4000002713394 7
 -12/15/98-01083-019
 ***150.00 ***150.00

12/15

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ELKHATEEB, ALI
 149 SW MARTIN LUTHER KING AVENUE
 Ocala FL 34474

Name

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

Suite, Apt. #, Etc.

City

State
 FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
 Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year
 Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
 on intangible tax.)

12. 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 under section 119.07(3)(f), 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:

Hasan Al-Aidi
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #