

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR

FLORIDA SECRETARY OF STATE
SANDRA B. PORTER
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # **P970000102451**

1. Corporation Name

AMANA TRAINING, INC.

98 DEC -4 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**10925 NW 42 COURT
SUNRISE, FL 33351**

SAME

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

12/3/97

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For

☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 |
|---------------|---|--|-------------------------|
| PRES DIR | SAMIR RABEHA | 10925 NW 42 COURT | SUNRISE, FL 33351 |
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-12/08/98-01024-015
****158.75 ****158.75**

B. 12/4/98 AR

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RABEHA, SAMIR

**10925 NW 42 COURT
SUNRISE, FL 33351**

Name

DOLORES K. SANCHEZ, ESQUIRE

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

4701 N. FEDERAL HIGHWAY

Suite, Apt. #, Etc.

STE 316

City

LIGHTHOUSE POINT

State

FL

Zip Code

33064

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

DSK-9

REGISTERED AGENT MUST SIGN

Date

11/24/98

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)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/24/98
Date

(954) 747-9447
Daytime Phone #

CR2040 (1/98)

LAW OFFICES

DOLORES K. SANCHEZ, P.A.

4701 NORTH FEDERAL HIGHWAY
SUITE 316 BOX B-1
LIGHTHOUSE POINT, FLORIDA 33064

PHONE (954) 785-8585

FAX (954) 785-6163

November 27, 1998

Division of Corporations
Department of State
P.O. Box 1500
Tallahassee, FL 32302

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RE: Amana Tradings, Inc.

Dear Sir/Madam:

This office represents the owner of the above referenced corporation. The owner was absent from the State of Florida at the time that the Annual Reports were filed. As the corporation was just incorporated several months prior to the annual report being mailed, the owner of the business was not aware that he should be receiving an annual report form and was not aware of the need to file a report. At the time that the owner of the company was absent from Florida, a neighbor was picking up his mail and forwarding the mail. She then relocated and took some of the mail with her. Approximately one week ago, the owner discovered that his corporation had been dissolved as a prospective business associate has contacted Tallahassee to verify the status of the corporation. Due to the above factors, my client respectfully requests that the Division of Corporations waive the Reinstatement Fee.

Enclosed please find the Application for Reinstatement along with a copy of the SS-4 as required plus a check in the amount of \$150.00 for the Annual Report Fee and the Corporate Supplemental Fee. Thank you for your consideration in this matter.

Sincerely,


Dolores K. Sanchez

cc: Amana Tradings, Inc.