PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



CORPORATION	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State ON TON ECOMP RATIOS	FILED OI FEB -2 AM II: 40	
DOCUMENT # DOSON 1. Corporation Name AMANA INTERNATIO	SECRETARY OF STATE TALLAHASSEE FLORIDA		
835 mary Bethune BL DAYTONA Web, FL 3211	vd		
2. Principal Office Address 935 mary Bethune Blyd	3. Mailing Office Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc. City & State	4. Date Incorporated or Qualified – To Do Business in Florida	
DAYTONA beh, F-L.	Zip Country	5. FEI Number Applied For S-Q-349 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIDED S8.75 Additional Fee required	
32114 USA	7. Name and Address of Current Reg	for a Certificate of Status	
ABDALLAH AKKOUCHE Street Address (P.O. Box Number is Not Acceptable) B35 Mary Bethane BLVd 400003676964-0 Suite, Apt. #, Etc. -02/13/0101071-013 *****300.00 *****300.00 City State Zip Code DAYTONA bCh FL 32/14			
I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. ignature of egistered Agent			
Name of	or Director (Florida nonprofit corporations must list Street Address of		
Titles Name or Officers and/or Directors	Officer and/or Dir		
residum ABDALLAH A	KXOUCHE 4109 E Bonana	- Cay Dr. D. beh, FL 32119	
ecretory WASIM A	CROULHE 155 oak bu	arche Dbch, FL 32114	
easurer SAIDE AKNO	UCHE 155 ookbree	Grele D. beh, Fl 32114	
		KE	

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.

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 607 or 617, F.S. I further certify that when filling

SIGNATURE:

SIGNATURE SIGNATURE AND PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

R2E081 (9/00)

	DEAR_SIR_/MADAM ?
	I HAD moved from my previous address at 122 Grove view In Last year. (Sanford)
	1-22 Grove View U1 Last year. (Sanford)
1	I, have found out that you have mailed therenewal
	bo that above address, that is why I hovenot responded
	please, reinstale my Corporation because we still in
	Business at 835 mary Bethune Blvd, DAYTONA boh 37/14
- 1	and this is our mosting address.
	please, reconsider the penalty For reinstating our
1	Corporation
_	thank you
	PROPLIA H PAROUCHE
	TEL (904) 254-1935