

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

04 FEB 17 PM 12:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000023382

1. Corporation Name

Amira Homes, Inc.

300029252273  
02/23/04--01073--013 \*\*908.75

2. Principal Office Address

13605 S Dixie Hwy

Suite, Apt. #, etc.

434

City & State

Miami FL

Zip

33176

Country

DADE

3. Mailing Office Address

13605 S Dixie Hwy

Suite, Apt. #, etc.

434

City & State

Miami FL

Zip

33176

Country

DADE

**REINSTATEMENT** 03-04

4. Date Incorporated or Qualified  
To Do Business in Florida

03-12-98

5. FEI Number

65-0832485

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

RON, AMIRA

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

13605 S Dixie Hwy

Suite, Apt. #, Etc.

434

City

Miami

State

FL

Zip Code

33176

8. 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.

Signature of

Registered Agent

[Signature]

Date

2-16-04

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>Pres</u>	<u>RON AMIRA</u>	<u>13605 S Dixie Hwy</u>	<u>Miami FL 33176</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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-04

Date

305-663-7989

Daytime Phone #