

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAY 19 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000045681

1. Corporation Name

Constantine, Inc.

2. Principal Office Address

1800 Constantine St.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32807

Country

Orange

3. Mailing Office Address

5621 Pitch Pine Drive

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32819

Country

Orange

200003292992--7

-06/15/00--01156--021

***300.00 ***300.00

4. Date Incorporated or Qualified
To Do Business in Florida

May 18, 1998

5. FEI Number

59-3515550

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

Amin Nemeh

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

1630 Winter Springs Blvd

Suite, Apt. #, Etc.

City

Winter Springs

State

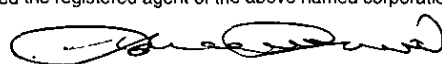
FL

Zip Code

32708

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



Date 4-29-00

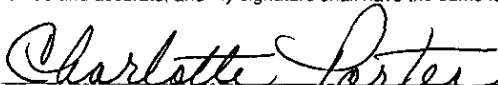
REGISTERED AGENT MUST SIGN

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
Pres	Amin Nemeh	1630 Winter Springs Blvd	Winter Springs, FL 32708
Sec	Charlotte Porter	5621 Pitch Pine Drive	Orlando, FL 32819
			LS

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 2000

Date

407-246-7701

Daytime Phone #

CR2E081 (9/99)

To Whom It May Concern:

In 1998 The Corporation of Constantine Inc was Formed. The Bill for the first year of fees was sent to 1800 Constantine St Orlando, Fl. 32807. We did not Receive This bill because there is no mailbox at That Address. We then Received a bill at our Home for being late for \$550.⁰⁰. We then Called your office and Told what had Happened. They said send The form and 300.⁰⁰ and Everything would be fine. We Talked To a Lady there. Very nice. We then sent the form with a check for \$300.⁰⁰. The check Has never come Thru. I called Today, Talked To another nice Lady. Explained everything and also Told her That the 1999 Fee of \$150.⁰⁰ Had been sent in on Time. This Check has not come Thru also. She Told me To send a Corporation Reinstatement Form In with \$300.⁰⁰ and all would be Taken Care of. This I am doing Now and sending it overnight mail. Thank you for your Help. Please send any correspondence To 5621 Pith Lane Dr. Orlando, Fl. 32819

Thank you For your
Help + Consideration

John H. Porter