

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 28 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000045944

1. Corporation Name

AMINI INVESTMENTS INC.

2. Principal Office Address

7301 CEDAR CREEK CT

Suite, Apt. #, etc.

City & State

WINTER PARK, FL

Zip

32792

Country

USA

3. Mailing Office Address

7301 CEDAR CREEK CT

Suite, Apt. #, etc.

City & State

WINTER PARK, FL

Zip

32792

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

April 24, 2000

5. FEI Number

59-3595369

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

Donald Lindsey

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

7301 Cedar Creek Ct

Suite, Apt. #, Etc.

City

Winter Park

State
FL

Zip Code
32792

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

Donald Lindsey

REGISTERED AGENT MUST SIGN

Date 02/20/2003

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
P/T	Ronald Lindsey	7301 Cedar Creek Ct	Winter Park, FL 32792
V/S	Donald Lindsey	7301 Cedar Creek Ct	Winter Park, FL 32792

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

02/20/2003 4076714290

Date

Daytime Phone #

2/28

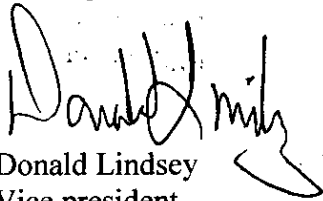
Amini Investments Inc.
'THE DISTRESSED PROPERTY EXPERTS'

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32399

To Whom It May Concern:

For the third time please reinstate my corporation. Fees already been paid.
You have a check for \$450.00. Proper paperwork has been signed. Please reinstate.
Thank you.

Best regards,



Donald Lindsey
Vice president
321.436.7033 cell