

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000082145

1. Corporation Name

A.M.N. MUTUAL ENTERPRISES, INC.

Principal Place of Business

Mailing Address

2157 CENTRAL AV
ST PETERSBURG FL 33713

2157 CENTRAL AV
ST PETERSBURG FL 33713

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/10/1999

5. FEI Number

593599215

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HOSSAIN, MOHAMMED ABUL	1671 67TH ST #329	ST PETERSBURG FL 33710
D	ABSAR, MOHAMMED NURUL	1671 67TH ST #329	ST PETERSBURG FL 33710
D	UDDIN, MOHAMMED NASIR	1671 67TH ST #329	ST PETERSBURG FL 33710
			500003851345--8 -03/13/01--01115--002 ****900.00 ****900.00 LS

8. Name and Address of Current Registered Agent

BRINKLEY, LINSTER JR
2350-N 34TH ST
SUITE-110
ST PETERSBURG FL 33713

9. Name and Address of New Registered Agent

Name

BASSAM J. SALEH

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

110 S. MANHATTAN AVE. #64

Suite, Apt. #, Etc.

#64

City

TAMPA

State

FL

Zip Code

33609

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

[Signature] NATURE REQUIRED

Date

2/19/01

REGISTERED AGENT MUST SIGN

11. 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] NATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/19/01 727-896-4813

Daytime Phone #