

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAR 19 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 173095

1. Corporation Name

AMY-LEE, INC.

Principal Place of Business

Mailing Address

7483 Dadeland Mall
Miami, FL 33156
US

7483 Dadeland Mall
Miami, FL 33156
US

000002464230--8
-03/20/98-01121-013
****150.00 ****150.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida 4.08.53

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-0747423

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED

SB 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
VD	Lawrence Hecht	7483 Dadeland Mall Miami, FL 33156	Miami, FL 33156
PD	Herbert Steele	7483 Dadeland Mall Miami, FL 33156	Miami, FL 33156
SD	Amy Donner	7483 Dadeland Mall Miami, FL 33156	Miami, FL 33156

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-03/20/98-01121-014
****150.00 ****150.00

REINSTATEMENT 9798

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Lawrence Hecht
7483 Dadeland Mall
Miami, FL 33156

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Lawrence Hecht

REGISTERED AGENT MUST SIGN

Date

3-13-98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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

Date

3-13-98

Daytime Phone #

CRE090 (12/95)