

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
99 JUN -2 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 562386
1. Corporation Name
A M A R Corp, Inc

400002902144---7
-06/11/99--01062--026
*****8.75 *****8.75

Principal Place of Business Mailing Address
801 US #1
JESQUESTA FL 33469

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 3-20-1978
5. FEI Number 59-1810124
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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRES	MARILYN ZAINO	181 BEACON LANE	JUPITER FL 33469
V.PRES	MARILYN ZAINO	181 BEACON LANE	JUPITER FL 33469
SEC	ANDREW ZAINO JR	181 BEACON LANE	JUPITER FL 33469
TRES	ANDREW ZAINO JR	181 BEACON LANE	JUPITER FL 33469

REINSTATEMENT 97-99 1TS

8. Name and Address of Current Registered Agent
MARILYN ZAINO
181 BEACON LANE
JUPITER FL 33469

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc. 400002902144---7
City -06/11/99--01062--027
State Zip Code ***1850.00 FL ***1050.00

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: *Marilyn Zaino* REGISTERED AGENT MUST SIGN Date: 5/30/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: *Marilyn Zaino* MARILYN ZAINO 5/30/99 561 746 8080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (12/98)