

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~APPLICATION~~
~~FOR~~
~~REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE
97498 Sandra B. Mortham
AR Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAR 11 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

AM-Rho, Inc.

Principal Place of Business

Mailing Address

6000-B SAWGRASS VILLAGE CIRCLE
PONTEVEDRA BEACH, FL 32082

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

ROBERT W. BEILSTEIN
1424 FRICK BLDG.
PITTSBURGH, PA
15219 U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

5-1-95

5. FEI Number

59-3012032

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)	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. / SECT.	DALE R. ANDREWS	6000-B SAWGRASS VILLAGE CIRCLE	PONTEVEDRA BEACH, FL. 32082
			100002455881--8
			-03/12/98--01109--001
			***315.00 ***315.00
			3-12-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DALE R. ANDREWS
% Am-Rho, Inc.
6000-B SAWGRASS VILLAGE CIRCLE
PONTEVEDRA, FL 32082

Name: ~~ROBERT W. BEILSTEIN~~ Am-Rho, Inc.
Street Address (P.O. Box Number is Not Acceptable): ~~1424 FRICK BLDG.~~ 6000-B SAWGRASS VILLAGE CIRCLE
Suite, Apt. #, Etc.: ~~PITTSBURGH, PA 15219~~ City: ~~PITTSBURGH, PA~~ State: ~~PA~~ Zip Code: ~~15219~~
City: ~~PITTSBURGH, PA~~ State: ~~PA~~ Zip Code: ~~15219~~

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

REGISTERED AGENT MUST SIGN

Date

2-10-98

11. This corporation owes or has paid 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DALE R. ANDREWS

Date

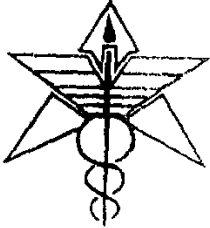
2-10-98 (904) 2857179

Daytime Phone #

*(412) 2810587

AM-Rho, Inc.

AM-Rho, INC.



February 23, 1998

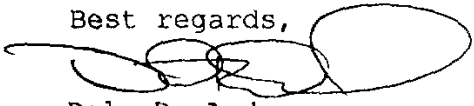
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs;

Please find enclosed our Application for Reinstatement. Our offices were relocated and our accountant moved to South America. She was responsible for all Corporate documents. We have now searched our files and do not find and evidence that we received the forms from you. Therefore, we ask that you waive the reinstatement fee. The annual report fee and Corporate supplemental Fee is enclosed.

Thank you for your consideration.

Best regards,


Dale R. Andrews
President

3-9-98

\$315.00 per letter or document # 298A 00010753
Reg. agent - Florida

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6000-B Sawgrass Village Circle
Ponte Vedra Beach, Florida 32082
(904) 285-1340 • FAX (904) 285-1162