


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 13 AM 9:36

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

900030903229  
03/23/04--01026--021 \*\*750.00

REINSTATEMENT 03-04

DOCUMENT # P01000066419

1. Corporation Name  
Ameridry Inc.

2. Principal Office Address  
5686 Youngquist Rd  
Suite, Apt. #, etc. A-8

3. Mailing Office Address

City & State Ft. Myers - FL

Zip 33919 Country

4. Date Incorporated or Qualified To Do Business in Florida 8/01

5. FEI Number 65-118673 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 Ofer Mor

Street Address (P.O. Box Number is Not Acceptable) 5215 Sunnybrook Ct

Suite, Apt. #, Etc.

City Cape Coral State FL Zip Code 33904

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 \_\_\_\_\_ Date 3.19.04

REGISTERED AGENT MUST SIGN

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
owner	Ofer Mor	5215 Sunnybrook Ct	Cape Coral FL 33904

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: \_\_\_\_\_ Ofer Mor Date 3.19.04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/04)