PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 AUG -8 AM 11:02

DOCUMENT #

**1.** Corporation Name
AMTREX, CORPORATION

DOCUMENT #P02000060407

REINSTATEMENT 03-05

| **2.** Principal Office Address | **3.** Mailing Office Address |
|---|---|
| 10201 HAMMOCKS BOULEVARD | 10201 HAMMOCKS BOULEVARD |
| Suite, Apt. #, etc.: SUITE 153-480 | Suite, Apt. #, etc.: SUITE 153-480 |
| City & State: MIAMI, FLORIDA | City & State: MIAMI, FLORIDA |
| Zip: 33196 / Country: USA | Zip: 33196 / Country: USA |

**4.** Date Incorporated or Qualified To Do Business in Florida: 05-31-2002

**5.** FEI Number: 72-1525943 ☐ 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: ORACIO MARTINEZ

Street Address (P.O. Box Number is Not Acceptable): 10201 HAMMOCKS BOULEVARD

Suite, Apt. #, Etc.: SUITE 153-480

City: MIAMI | State: FL | Zip Code: 33196

**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: Oracio Martinez — Date: 08-05-2005
REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

**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 |
|---|---|---|---|
| PD | DAVID MARTINEZ | 10201 HAMMOCKS BOULEVARD | SUITE 153-480, MIAMI, FL 33196 |
| | | | |
| | | | |
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700058696187
08/17/05--01043--004 **1050.00

**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:** David Martinez — DAVID MARTINEZ — 08-05-2005 — 786-513-0685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

Charter Number Only

8-5-05

Steve Cronig & assoc.
Requestor's Name
3250 mary St. #307
Address
Coconut grove, FL 33033
City State ZIP Phone
(305) 444-6300

VALIDATION ONLY

**CORPORATION(S) NAME**

AMtrex, corporation

# P02000060407

( ) Profit
( ) NonProfit ( ) Amendment ( ) Merger

( ) Foreign ( ) Dissolution ( ) Mark

( ) Limited Partnership ( ) Annual Report ( ) Other
(1) Reinstatement ( ) Reservation ( ) Change of Registered Agent

( ) Certified Copy ( ) Photo Copies ( ) Certificate Under Seal

( ) Call When Ready ( ) Call If Problem ( ) After 4:30
(1) Walk In ( ) Will Wait (N) Pick Up ( ) Mail Out

| |
|---|
| Name Availability |
| Document Examiner |
| Updater |
| Verifier |
| Acknowledgment |
| W.P. Verifier |

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Empire Toll Free: 1-800-432-3028