

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 NOV 17 PM 1:19

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P02000112019**

1. Corporation Name

AMFG ENTERPRISES, INC.

Principal Place of Business

Mailing Address

14827 BALGOWAN RD #201
 MIAMI LAKES FL 33016

14827 BALGOWAN RD #201
 MIAMI LAKES FL 33016

REINSTATEMENT 2003



200023750932
 11/17/03--01099--016 **600.00

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

4. Date Incorporated or Qualified To Do Business in Florida

10/17/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-1136958

Not Applicable

Zip

Country

Zip

Country

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPV	MARTINEZ, ANN M	14827 BALGOWAN RD #201	MIAMI LAKES FL 33016
DST	GOMEZ, FRANK	14827 BALGOWAN RD #201	MIAMI LAKES FL 33016

200023750932
 10/13/03--01070--002 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~HILMAN-WALLER, LOUIS M ESQ.
 10 NW LEJELINE RD #600
 MIAMI FL 33126~~

Name Franky Gomez
 Street Address (P.O. Box Number is Not Acceptable) 14827 Balgowan Rd #201
 Suite, Apt. #, Etc. _____

City Miami Lakes State FL Zip Code 33016

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. or 617.0505, F.S.

Signature of Registered Agent

FRANK GOMEZ
 REGISTERED AGENT MUST SIGN

Date

10/10/03

11. 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:

FRANK GOMEZ
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/10/03

CR2E040 (7/03)