

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 DEC 24 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000129383

1. Corporation Name

AMERISERV INC

W09-54455

2. Principal Office Address - No P.O. Box #

3609 Old Winter Garden Road

Suite, Apt. #, etc.

3. Mailing Office Address

P. O. BOX 13193

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

NORTH PALM BEACH FL

Zip

32871

Country

Zip

33408

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/10/2006

5. FEI Number
205695082

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

800163618518
12/15/09--01032--011 **300.00

REINSTATEMENT CR2E081-(11/09) 08-09

7. Name and Address of Current Registered Agent

Name

Mike Kunda

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

3609 Old Winter Garden Road

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32871

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Michael Kent

Date

12-22-09

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
P/S	KUNDA, MIKE	3609 Old Winter Garden Road	Orlando, FL 32871

REINSTATEMENT

RH

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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:

Mike Kunda

MIKE KUNDA

12-10-09

407-492-5644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RH