APPLICATION FOR 96-97 REINSTATEMENT

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

FILED
97 MAY -1 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1. Corporation Name
A&M Independent Line

REINSTATEMENT 96-97

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2210 NW 92 Ave Miami, Fl 33172	

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 Address, If Applicable
2210 NW 92 Ave	2210 NW 92 Ave
Suite, Apt. #, etc.: Miami, Fl	Suite, Apt. #, etc.
City & State	City & State: Miami Fl
Zip: 33172 County: Dade	Zip: 33172 County: Dade

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-0416668 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☒

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	Carlos Maguiña	5753 NW 98 Ave.	Miami, Fl 33178
Vice Pres.	Jaime Alvarez	9744 NW 4 Lane	Miami, Fl 33172
Treasurer	Jose Maguiña	9901 NW 41 St.	Miami, FL 33178
Secretary	Rosa Maguiña	5753 NW 98 Ave	Miami, Fl 33172

6-7-97

8. Name and Address of Current Registered Agent

Carlos Maguina.
5753 NW 98 Ave
Miami Fl. 33178

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

500002171665--4
-05/08/97--01111--007
****915.00 ****915.00

CR2E040 (1/95)

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

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: