

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

98 SEP -4 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA3000068892**

1. Corporation Name
AMPERSON PUBLISHING COMPANY, INC.

Principal Place of Business Mailing Address

REINSTATEMENT

95-98
-00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 235 NG. 6TH AVE Suite, Apt. #, etc. #4		3. New Mailing Office Address, If Applicable 235 NG. 6TH AVE Suite, Apt. #, etc. #4		4. Date Incorporated or Qualified To Do Business in Florida 09/28/1993	
City & State DELRAY BEACH, FL		City & State DELRAY BEACH, FL		5. FEI Number 65-0443413	
Zip 33483	Country USA	Zip 33483	Country USA	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$6.75 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	PATRICK A. STANSELL	1980 NE 7TH ST. #101	DEERFIELD BCH, FL 33441

~~800002636458-0~~
~~09/10/98-01062-007~~
***1200.00 ***1200.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PATRICK A. STANSELL
235 NG 6TH AVE, #4
DELRAY BEACH, FL 33483

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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 **8-25-98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on intangible tax.)

12. 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:

8-25-98
Date

Daytime Phone #

CR2040 (1-98)