

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

182

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN -5 AM 8:00

DOCUMENT # **PA40800045178**

1. Corporation Name

American Maglev Technology of Florida, Inc.

REINSTATEMENT

03

MRS

200025968542

01/05/04--01014--014 **150.00

2. Principal Office Address

835 Franklin Ct.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

B

Suite, Apt. #, etc.

City & State

MARIETTA, Ga.

City & State

GA.

Zip

30067

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3259683

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

Oliver, Lew

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

20751 State Rd. 520

Suite, Apt. #, Etc.

Suite 120

City

Orlando, Fla. 32833

State
FL

Zip Code

32833

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

Lew Oliver

Date

12/29/03

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
<i>PRES.</i>	<i>MORRIS, Tony J.</i>	<i>835 Franklin Ct. St. B.</i>	<i>Marietta, Ga. 30067</i>
<i>Sec.</i>	<i>WISSING, Ange M</i>	<i>835 Franklin Ct St. B</i>	<i>Marietta, Ga. 30067</i>

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/29/03

Daytime Phone #

404/386-4036

CR2ED01 (10/02)

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American Maglev Technology of Florida, Inc.

835 Franklin Court
Suite B
Marietta, Georgia 30067

December 29, 2003

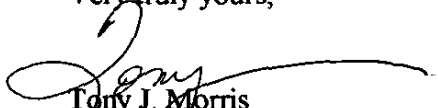
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir or Madam:

We did not receive our Corporation filing form for the term of 2003. I have completed the Corporation Reinstatement form and would respectfully request that you accept this form with our payment of \$150 and reinstate our corporation immediately. Please make note of our address above so that we may make a timely filing for the year 2004.

Thank you for your assistance in this matter. Should you need to speak with me please feel free to contact me at 404.386.4036.

Very truly yours,


Tony J. Morris
President/CEO