182

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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 # P04000045178

1. Corporation Name
American Maglev Technology of Florida, Inc.

REINSTATEMENT 03
MRS

200025968542
01/05/04--01014--014 **150.00

2. Principal Office Address	**3.** Mailing Office Address
835 Franklin Ct.	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

CR2E081 (10/02)

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
PRES.	Morris, Tony V.	835 Franklin ct. St. B.	Marietta, Ga. 30067
Sec.	Wissing, Angie M	835 Franklin Ct St. B	Marietta, Ga. 30067

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: 12/29/03 404/386-4036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

292

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