


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

08192

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
 Matthew J. Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 00 OCT 19 PM 3:20  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P99000102194**

1. Corporation Name  
**A.M.F. EXECUTIVE CORP.**

Principal Place of Business      Mailing Address

~~8750 SW 21ST STREET~~      **8750 SW 21ST STREET**  
**MIAMI FL 33165**      **MIAMI FL 33165**

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



2. New Principal Office Address, If Applicable <b>2960 SW 109 COURT</b> Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable <b>2960 SW 109 COURT</b> Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida <b>11/22/1999</b>	
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>		5. FEI Number <b>65-0962316</b>	
Zip <b>33165</b>	Country <b>DADE</b>	Zip <b>33165</b>	Country <b>DADE</b>	CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<b>B</b>	<b>FERNANDEZ, ANA MARIA</b>	<del>8750 SW 21ST STREET</del>	<b>MIAMI FL 33165</b>
<b>P</b>		<b>2960 SW 109 COURT</b>	
			<b>400003447934-1</b> <b>-11/02/00--01001--019</b> <b>****150.00 ****150.00</b>
			<b>SP</b>

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<b>FERNANDEZ, ANA MARIA</b> <del>8750 SW 21ST STREET</del> <b>MIAMI FL 33165</b>		Name <b>FERNANDEZ, ANA MARIA</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>2960 S.W. 109 COURT</b>	
		Suite, Apt. #, Etc.	
		City <b>MIAMI</b>	State Zip Code <b>FL 33165</b>

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: *[Signature]* **SIGNATURE REQUIRED**      Date: **10/14/00**

REGISTERED AGENT MUST SIGN

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 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 REQUIRED**      Date: **10-14-00**      Daytime Phone #: **(305)2267565**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2040 (8/00)

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OCTOBER 16, 2000

DIVISION OF CORPORATIONS  
ANNUAL REPORT/REINSTATEMENT SECTION  
P.O. BOX 6327  
TALLAHASSEE, FL. 32314-6327

RE: A.M.F. EXECUTIVE CORP.  
DOCUMENT # P99000102194  
F.E.I. # 65-0962316

TO WHOM IT MAY CONCERN:

I HAVE RECEIVED FOR THE FIRST TIME AN  
APPLICATION FOR REINSTATEMENT. I NEVER  
RECEIVED A FIRST NOTICE FOR APPLICATION.

I ESTABLISHED THE CORPORATION IN NOVEMBER, 1999,  
AND I WAS NOT AWARE OF THE FILING DEADLINE. I  
KINDLY ASK THAT YOU WAVE THE LATE APPLICATION  
FEE FOR THIS ONE TIME AND ACCEPT THE CHECK FOR  
(\$150.00). I ASSURE YOU MY YEARLY APPLICATION  
WILL NOT BE LATE AGAIN.

PLEASE CHANGE ADDRESS TO:  
A.M.F. EXECUTIVE, CORP.  
2960 S.W. 109 COURT MIAMI, FLORIDA 33165

THANK YOU FOR YOUR KIND ATTENTION,

  
ANA MARIA FERNANDEZ, PRESIDENT  
A.M.F. EXECUTIVE CORP.