	•	•				1 11 1		
PLEASE READ	ALL INS	TRUCTIONS	BEFORE (COMPLET	ING THIS FO	₽M		
APPLICATION A	APPLICATION PLORIDA DEPARTMENT OF			AND				
FOR	FOR Sandra B. Mortham Secretary of State				FILED			
REINSTATEMENT DIVISION OF CORPORATIONS				1997 JUL 14 AM 11: 13				
DOCUMENT #M48435				SECRETARY OF STATE TALLAHASSEE, FLORIDA				
AMAZON SERVICES, INC.								
Principal Place of Business 4607 SW 71 AVE		Address 5(1) (5 To)A .		*			
Miami, FL 33155		6875 SW 69 Teu. South Miami, FL						
PUMAL 112 33130	1 2011	33143			,			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.								
2. New Principal Office Address, If Applicable		ing Address, If Applica		4. Date Incorporated or Qualified				
Suite, Apt. #, etc.	Sulte, Apt. #	Sulte, Apt. #, etc.			To Do Business in Florida 1987			
City & State	City & State				FEI Number Applied For S9 - 2779146 Not Applicable			
Zip Country	Ζίρ	T 65:32		6.				
Cooliny		Country	/ 	CERTIFICATI	OF STATUS DESIRE()		ificate of Status	
7. Names and Street Addresses of Each Officer an Name of Officers	d/or Director (Flo		tions must list at lea					
Title(s) and/or Directors	Officer and/or Director 3 (Do NOT Use Post Office Box N		•	mbers) 4				
PRES OIGA ULHA 6875			Sw 69 t	ERR.	Minni	FL 3	3143	
V-Acc CRISTINA SERRALTA 6875 S			(1 69 T	EDIO	Miami,	FL 3	33142	
Y-ARES CRISTINA SERRA		00/3 3				· · · · · · · · · · · · · · · · · · ·		
					000023 -07/15/ ****92	23817 970103 3.75 ***	6001	
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			,	HEINS	TATEM	<u> ENI</u>	7)14)	
8. Name and Address of Current Registered Agent Name				9. Name and Address of New Registered Agent				
DIGA L. UCHA								
6875 SW 69 TERR.	Sireel Address (P.O. Box Number is Not Acceptable)							
South Miami, FL 33/43				Elc.				
COUTH MINIMITY OF THE COUNTY				State Zip Code				
10. I, being appointed the registered agent of the al	bove named corpo	oration, am familiar wi	th and accept the of	bligations of Secti	on 607.0505. F.S.	FL		
Signature of Registered Agent	HIL-				Date 7-1	1-97		
	REGISTERED AG	ENT MUST SIGN		***************************************	Date	· · · · · · · · · · · · · · · · · · ·		
11. Does this corporation pay Dept. of Revenue under S	any intang . 199.032,	gible tax to th Florida Stati	e utes. Yes	□ No [(Sec 4	other side for info 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 doesned 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, FS. I turther certify that when filling 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 less 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: 7-11-97 (305)663.0585								
SIGNATURE: 7-11-97 (305)663 0585								