

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

03 NOV 12 PM 12:58

DOCUMENT # P02000033747

1. Corporation Name

Ametis By Design, Inc.

2. Principal Office Address

1500 San Remo Ave

3. Mailing Office Address

Suite, Apt. #, etc.

103

Suite, Apt. #, etc.

City & State

Coral Gables, Fl.

City & State

Zip

33146

Country

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEL Number

20-0370208

☒ 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

Pablo R. Bared, Esq.

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

1500 San Remo Ave #103

Suite, Apt. #, Etc.

City

Coral Gables,

State

FL

Zip Code

33146

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

REGISTERED AGENT MUST SIGN

Date 11/7/03

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
P/D	Sanitago Mejia	1500 San Remo #103	Coral Gables, Fl. 33146
S/D	Claudia Garcia	1500 San Remo #103	Coral Gables, FL. 33146

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Santiago Mejia, President

11/07/03

Date

305 666-6010

Daytime Phone #

CR2E081 (10/02)