

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 AUG 21 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 256044

1. Corporation Name

Amtech Financial Corporation

2. Principal Office Address - No P.O. Box #

2246 S. W. 22nd Avenue

Suite, Apt. #, etc.

City & State

Miami, FL.

Zip

33145

Country

USA

3. Mailing Office Address

21050 Point Place

Suite, Apt. #, etc.

1401

City & State

Aventura, FL.

Zip

33180

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
59-0993519

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
Joanna Parker

Street Address (P.O. Box Number is Not Acceptable)
2246 S. W. 22nd Avenue

Suite, Apt. #, Etc.

City
Miami, FL.

State
FL

Zip Code
33145

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Joanna Parker

REGISTERED AGENT MUST SIGN

Date 8/10/09

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
PD	E. W. Andich	21050 Point Place	Aventura, FL. 33180
VPD	Joanna Parker	2246 S. W. 22nd Avenue	Miami, FL. 33145

REINSTATEMENT

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 contained in Chapter 119, 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:

E. W. Andich, Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/10/09

Date

305-692-1804

Daytime Phone #

E. W. ANDICH

Michael

AUG 21 2009