


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>5/3562</u>					
1. Corporation Name  AMAS ENTERPRISES, INC. 1043 NW 1st Court HALLANDALE, FL 33009					
2. Principal Office Address 1043 NW 1st Court Suite, Apt. #, etc.			3. Mailing Office Address P.O. Box 1620 Suite, Apt. #, etc.		
City & State Hallandale, FL			City & State Hallandale FL		
Zip 33009	Country USA	Zip 33008-1620	Country USA		

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 NOV 14 AM 8:00

**REINSTATEMENT** 00-03

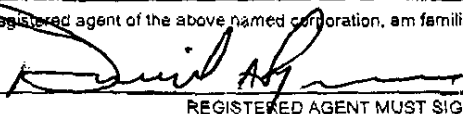
MRS

4. Date Incorporated or Qualified To Do Business in Florida		09/17/76	
5. FEI Number 59-2219399		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name DAVID A. BYERS			
Street Address (P.O. Box Number is Not Acceptable) 1043 NW 1st Court			
Suite, Apt. #, Etc. 100024658461			
City Hallandale			
State FL		Zip Code 33009	

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



Date November 12 2003

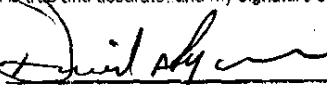
REGISTERED AGENT MUST SIGN

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	DAVID A. BYERS	1043 NW 1st Court	Hallandale FL 33009
S	DAVID A. BYERS	1043 NW 1st Court	Hallandale, FL 33009

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:



DAVID A. BYERS

November 12 2003 (954) 458 2811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #