

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 26 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000003402

1. Corporation Name

FLORIDA AMS HOLDINGS, INC.

Principal Place of Business

7606 WEST SANDLAKE ROAD
ORLANDO FL 32819

Mailing Address

7606 WEST SANDLAKE ROAD
ORLANDO FL 32819

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/02/2002

5. FEI Number

61-1231698

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	ROBBINS, LANSDON B	7606 WEST SANDLAKE ROAD	ORLANDO FL 32819
VD	CALLAHAN, KEVIN M	7606 WEST SANDLAKE ROAD	ORLANDO FL 32819
STD	SCHWERTLEY, E. WAYNE	7606 WEST SANDLAKE ROAD	ORLANDO FL 32819
D	HANSEN, TOM O	7606 WEST SANDLAKE ROAD	ORLANDO FL 32819
D	CLARK, TIM	7606 WEST SANDLAKE ROAD	ORLANDO FL 32819
D	DOLIGALE, BOB	7606 WEST SANDLAKE ROAD	ORLANDO FL 32819

8. Name and Address of Current Registered Agent

HANSEN, TOM
7606 WEST SANDLAKE ROAD
ORLANDO FL 32819

9. Name and Address of New Registered Agent

Name

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

800024189218

Suite, Apt. #, Etc.

10/28/03--01016--010 **150.00

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/15/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE REQUIRED
Edward Wayne Schwertley 10/23/03 812-258-4700

Date

Daytime Phone # 4700

AMS Holdings, Inc.
7606 West Sandlake Road
Orlando, FL 32819-5112

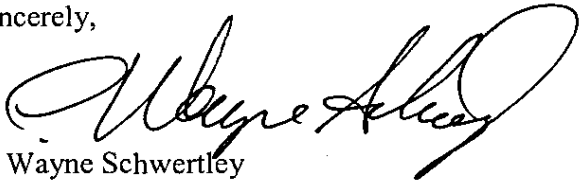
October 23, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam,

I request reinstatement without penalty for AMS Holdings, Inc. (EIN 61-1231698). I represent that AMS Holdings, Inc. did not receive the two prior Uniform Business Report (UBR) notices referenced in the revocation letter. Enclosed is a check for \$150 to reinstate AMS Holdings, Inc. to good standing in the state of Florida.

Sincerely,

A handwritten signature in black ink, appearing to read "E. Wayne Schwertley". The signature is fluid and cursive, with a large, stylized initial "E" and "W".

E. Wayne Schwertley
Secretary, Treasurer, Director – AMS Holdings, Inc.