# Florida Department of State
## Division of Corporations
## Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

**Email Address:** _____

**CORPORATION REINSTATEMENT**
**ASSET MANAGEMENT SPECIALISTS, INC.**

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | $1,350.00 |

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F05000001908

1. Corporation Name

Asset Management Specialists, Inc.

**REINSTATEMENT** 06-10

CR2E081 (6/10)

| 2. Principal Office Address - No P.O. Box # | | 3. Mailing Office Address | |
|---|---|---|---|
| 2021 Hartel Street | | same as #2 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Levittown, PA | | | |
| Zip | Country | Zip | Country |
| 19057 | | | |

4. Date Incorporated or Qualified To Do Business In Florida 03/25/2005

5. FEI Number 23-2786765 ☐ 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: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Margaret E Routzahn MARGARET E. ROUTZAHN Special Assistant Secretary
REGISTERED AGENT MUST SIGN

Date 8/19/2010

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 |
|---|---|---|---|
| Pres | Ernie J. Stefkovic | 1026 Limekiln Pike | Ambler, PA 19090 |
| Secy | Ernie J. Stefkovic | 1026 Limekiln Pike | Ambler, PA 19090 |
| Treas | Ernie J. Stefkovic | 1026 Limekiln Pike | Ambler, PA 19090 |
| Dir | Ernie J. Stefkovic | 1026 Limekiln Pike | Ambler, PA 19090 |
| | | | |
| | | | |

10. E-mail Address: mblack@emarco.com
(To be used for future annual report notification)

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. I further certify, 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: Ernie J. Stefkovic 8/19/10 (215) 486-3121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL 610 - 06/03/2010 CT System Online

8/19