

1052

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 APR 10 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F08000005470

1. Corporation Name

AMD INDUSTRIES, INC

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

4620 W. 19TH ST.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

CHICKEN, FLORIDA

City & State

Zip

32504

Country

U.S.A.

Zip

Country

REINSTATEMENT 10-12

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

12/30/04

5. FEI Number

31-7651011

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

NRAI Services, Inc.

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

515 E. Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

000228302280
04/10/12--01022--025 **1050.00

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

Juelle Church

REGISTERED AGENT MUST SIGN

Juelle Church, Asst. Secretary

Date April 2, 2012

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
SEE ATTACHED			

10. E-mail Address: RWEIAT@AMDPOV.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Mark C Allen

Mark C Allen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/12

708-808-7120

Date

Daytime Phone #

We Create Yes

OFFICERS AND DIRECTORS

David E. Allen – Director & President
815 St. Stephens Green
Oak Brook, Illinois 60523

Lydia Allen – Director & Secretary
815 St. Stephens Green
Oak Brook, Illinois 60523

David R. Allen – Director
849 North Franklin
Chicago, Illinois 60610

Marc C. Allen – Director & V.P.
804 Summit Street
Downers Grove, Illinois 60515

Jeffrey T. Allen – Director & V.P.
81 South Sixth Avenue #202
LaGrange, Illinois 60525

SHAREHOLDERS

David E. Allen - 60%
Lydia Allen - 40%

