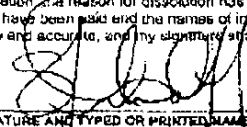


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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

07 OCT 11 PM 4:46

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F96000002465			
1. Corporation Name AMS Planning & Research Corp.			
2. Principal Office Address - No P.O. Box # 2150 Post Road		3. Mailing Office Address 2150 Post Road	
Suite, Apt. #, etc. 4th Floor		Suite, Apt. #, etc. 4th Floor	
City & State Fairfield, CT		City & State Fairfield, CT	
Zip 06824	Country US	Zip 06824	Country US
4. Date Incorporated or Qualified To Do Business in Florida 05/16/1998		5. FE Number 06-1325544	
		☐ 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 Rd			
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 617.0503, F.S.			
Signature of Registered Agent 		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 Officer and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P T D	Steven A. Wolff	2150 Post Road, 4th Floor	Fairfield, CT 06824
V S D	Robert H. Bailey	915 D Street	Petaluma, CA 94952
REINSTATEMENT 06-07			
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.; 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: 		Steven A. Wolff	10.10.07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone # 203.256.1616

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
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From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

CORPORATION REINSTATEMENT

AMS PLANNING & RESEARCH CORP.

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