

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F96000002941**

1. Corporation Name

AMTL CORPORATION

Principal Place of Business

**1 OAKWOOD BLVD #130
HOLLYWOOD FL 33020**

Mailing Address

**1 OAKWOOD BLVD #130
HOLLYWOOD FL 33020**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

06/12/1996

5. FEI Number

52-1506529

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	DEUTSCH, ROGER	1 OAKWOOD BLVD #130	HOLLYWOOD FL 33020
V	PUCCIO, SAMY	1 OAKWOOD BLVD #130	HOLLYWOOD FL 33020
			500004706315--6
			-12/05/01--01057--030
			****150.00 ****150.00
			SP

8. Name and Address of Current Registered Agent

**PUCCIO, SAMY
1 OAKWOOD BLVD #130
HOLLYWOOD FL 33020**

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

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.

Signature of Registered Agent

Samy Puccio

Date **10/15/01**

REGISTERED AGENT MUST SIGN

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:

Samy Puccio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/15/01 954 923 2940

FILED

01 NOV 13 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2ED40 (801)



AMTL CORPORATION
American Medical Testing Laboratories

202

November 8, 2001

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
409 E. DAINES STREET
TALLAHASSEE, FL 32399

RE: AMTL CORPORATION
REF #: F96000002941

To Whom It May Concern:

Please reinstate our 2001 Uniform Business Report due to the fact that previous notices were never received. Enclosed is a replacement check# 13486, for the original check# 1628, that was sent on August 9, 2001 of which has not cleared our bank account.

We would appreciate it if you would consider the above request and file this report as soon as possible without any penalty.

Thank you for your prompt attention to this matter. Should you have any further questions, please do not hesitate to call me at 954-923-2990 ext 108.

Sincerely,

Jackie DeSantis
Financial Controller

Enclosure

Cc: Schain & Company

One Oakwood Blvd., Suite 130, Hollywood, Florida 33020
Tel (954) 923-2990 • (800) 881-AMTL • Fax (954) 923-2707
<http://www.amtl.com>

AMTL CORPORATION
American Medical Testing Laboratories