

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 24 PM 2:24

DOCUMENT # F97000000668

1. Corporation Name

Amp Holdings, Inc.

2. Principal Office Address

1000 RIDE PLAZA

Suite, Apt. #, etc.

City & State

Pittsburgh PA

Zip

15238

Country

USA

3. Mailing Office Address

11900 Biscayne Blvd.

Suite, Apt. #, etc.

Ste. 300

City & State

Miami, FL

Zip

33181

Country

USA

REINSTATEMENT 98-06

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/23/96

5. FEI Number

23-2868684

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

300003297713-1

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

1200 South Pine Island Road

-06/20/00--01077--005

***1050.00 ***1050.00

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

PETER F. SOUZA
ASSISTANT SECRETARY

Date

5/11/00

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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Director/ President	John Bitzer III	1000 RIDE PLAZA	Pittsburgh, PA 15238
Director/ Treasurer	Charles R. Hannon	1000 RIDE PLAZA	Pittsburgh, PA 15238
Director/ Asst. Sec.	Katherine Fedor	1000 RIDE PLAZA	Pittsburgh, PA 15238
Exec VP, COO	Barry L. Senoff	11900 Biscayne Blvd #300	Miami, FL 33181
			[Signature]

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. 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:

Barry R. Senoff Barry R. Senoff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/00 305-892-6644
Date Daytime Phone #