

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000001936

1. Corporation Name

AMD PROPERTY MANAGEMENT, INC.

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

11766 WILSHIRE BLVD.

Suite, Apt. #, etc.

#1450

City & State

LOS ANGELES CA

Zip

90025

Country

USA

3. Mailing Office Address

11766 WILSHIRE BLVD.

Suite, Apt. #, etc.

#1450

City & State

LOS ANGELES CA

Zip

90025

Country

USA

7. Name and Address of Current Registered Agent

Name

PARACORP INCORPORATION

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

236 EAST 6TH AVENUE

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32303

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

<See Attached>

REGISTERED AGENT MUST SIGN

Date *<See Attached>*

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	James Lippman	11766 WILSHIRE BLVD. #1450	LOS ANGELES CA 90025
Secretary	John S. McKee	11766 WILSHIRE BLVD. #1450	LOS ANGELES CA 90025
Treasurer	Jay Shulman	11766 WILSHIRE BLVD. #1450	LOS ANGELES CA 90025

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOHN S. MCKEE
- SECRETARY**

3/18/08

Date

310-268-8344

Daytime Phone #

FILED

08 MAR 20 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-08

900120818419

03/20/08--01024--014 **1208.75
CR2E081 (12/07)

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

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

**\$8.75 Additional Fee required
for a Certificate of Status**

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: March 14, 2008

ENTITY NAME: AMD PROPERTY MANAGEMENT, INC.

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated
236 East 6th Avenue
Tallahassee, FL 32303

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in that capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.



Ninh Ho, Assistant Secretary
Paracorp Incorporated