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
01 OCT 17 PM 5:33

DOCUMENT # G14395

1. Corporation Name

AMLONG & AMLONG, P.A.

2. Principal Office Address	**3.** Mailing Office Address
500 NE 4TH STREET	500 NE 4TH STREET
Suite, Apt. #, etc.: SECOND FLOOR	Suite, Apt. #, etc.: SECOND FLOOR
City & State: FT. LAUDERDALE, FL	City & State: FT. LAUDERDALE, FL
Zip: 33301 Country: USA	Zip: 33301 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12.21.1982

5. FEI Number: 592333961 ☐ 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: WILLIAM R. AMLONG

100004654424--9
-10/26/01--01023--014
****150.00 ****150.00

Street Address (P.O. Box Number is Not Acceptable): 500 NE 4TH STREET

Suite, Apt. #, Etc.:

City: FT. LAUDERDALE State: FL Zip Code: 33301

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 Date 10.15.01

CR2E061 (9/00)

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
P	AMLONG, KAREN C	500 NE 4TH STREET	FT. LAUDERDALE, FL 33301
V	AMLONG, WILLIAM	500 NE 4TH STREET	FT. LAUDERDALE, FL 33301

10/24

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: William R Amlong, VP 10/15/01 954 462 1983

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Amlong & Amlong, P.A.

Attorneys at Law
500 Northeast Fourth Street
Fort Lauderdale, Florida 33301
(954) 462-1983

October 15, 2001

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

Re: Amlong & Amlong, P.A.

To whom it may concern,

We did not receive our annual report for filing. Enclosed is our check and reinstatement form.

Should you have any questions, please feel free to give me a call. Thanking you in advance for your prompt attention to this matter.

Very truly yours,

CHARLES CLAY COOLMAN
Chief Operating Officer
Amlong & Amlong, P.A.

Enclosure

cc: Karen Coolman Amlong, Esq.

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