

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

500 NE 4TH STREET

Suite, Apt. #, etc.

SECOND FLOOR

City & State

FT. LAUDERDALE, FL

Zip
33301

Country
USA

3. Mailing Office Address

500 NE 4TH STREET

Suite, Apt. #, etc.

SECOND FLOOR

City & State

FT. LAUDERDALE, FL

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

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

500 NE 4TH STREET

Suite, Apt. #, Etc.

City

FT. LAUDERDALE

State
FL

Zip Code

33301

400004654424--910

-10/26/01--01023-014

****150.00 ****150.00

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

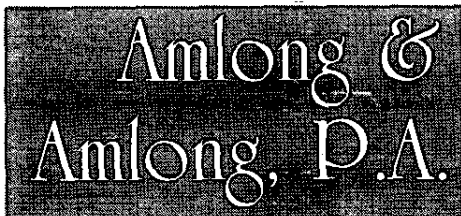
Daytime Phone #

William R. Amborg, Jr.

10/15/01

954 462 1983

CR2001 (9/00)



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,

A handwritten signature in black ink, appearing to read "Charles Clay Coolman".

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

Enclosure

cc: Karen Coolman Amlong, Esq.

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KAREN COOLMAN AMLONG

Board Certified Civil Trial Lawyer
Board Certified Business Litigation Lawyer
Board Certified Marital and Family Lawyer

WILLIAM R. AMLONG

Board Certified Civil Trial Lawyer
Board Certified Business Litigation

JENNIFER DALEY
DEBRA L. HORTON