

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # H01321

1. Corporation Name

AMY JESS, INC.

Principal Place of Business

Mailing Address

**13490 NW 45th Avenue
Opa Locka, Florida 33054**

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

2. New Principal Office Address, If Applicable

13200 NW 45TH AVE

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

OPA LOCKA FL

City & State

Zip

33054

Country

Zip

Country

REINSTATEMENT

98-99

4. Date Incorporated or Qualified To Do Business in Florida

4-30-84

5. FEI Number

59-2550016

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<u>ST/D</u>	<u>G. Michael Albala</u>	<u>2640 S. UNIVERSITY DR.</u>	<u>DAVIE, FL 33328</u>
<u>P/D</u>	<u>Sandy Lipson</u>	<u>9325 SW 108TH ST.</u>	<u>MIAMI, FL 33176</u>
<u>V/D</u>	<u>Sonia Lipson</u>	<u>9325 SW 108TH ST.</u>	<u>MIAMI, FL 33176</u>
			<u>900002918709--4</u>
			<u>-06/29/99--01057--020</u>
			<u>****150.00 ****150.00</u>
			<u>900002918709--4</u>
			<u>-06/29/99--01057--021</u>
			<u>****750.00 ****750.00</u>

8. Name and Address of Current Registered Agent

**Sandy Lipson
13200 NW 45 Avenue
Opa Locka, Florida 33054**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

5/25/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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

5/24/99
Date

305 647 8383
Daytime Phone #

CR2061 (12/98)