

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J98886**

1. Corporation Name
AMS ENTERPRISES, INC.

Principal Place of Business
**7481 TAYLOR ST.
HOLLYWOOD FL 33024**

Mailing Address
**7481 TAYLOR ST.
HOLLYWOOD FL 33024**

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

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

APPROVED AND FILED
96 NOV -1 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
200001998632--0
-11/07/96--01021--008
****383.75 ****383.75
REINSTATEMENT 9600

4. Date Incorporated or Qualified To Do Business in Florida	10/20/1987
5. FEI Number	65-0028844
Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED	<input checked="" type="checkbox"/>

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
P	HOLZNECHT, ALVIN	7481 TAYLOR ST.	HOLLYWOOD FL
V	HOLZERNECHT, MICHAEL	6841 SW 42 CT.	DAVE FL
T	HOLZNECHT, SCOTT	11200 NW 23RD ST.	PEMBROKE PINES FL

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
HOLZNECHT, ELSIE 7481 TAYLOR STREET HOLLYWOOD FL 33024		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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: *Elsie Holznecht* **SIGNATURE REQUIRED** Date: **10-28-96**

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: *Elsie Holznecht* **SIGNATURE REQUIRED** Date: **10/28/96** Time Phone #: **983-3672**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2500 (7/89)