

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 MAY 21 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LO900000 5795

1. Corporation Name
AMDAS PROPERTIES LLC

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

1073 KENTON ST
Suite, Apt. #, etc.

City & State

AURORA CO
Zip Country

80010 USA

3. Mailing Office Address

1073 KENTON ST
Suite, Apt. #, etc.

City & State

AURORA CO
Zip Country

80010 USA

000246580800 238E
4-9-13 01002-002
CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

1/20/2009

5. FEI Number

264240993

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
Ashley Bonnette

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

2324 GRAND AVE

Suite, Apt. #, Etc.

Ste. 5

City

FORT MYERS

State

FL

Zip Code

33901

REINSTATEMENT

000246580800
05/21/13--01003--006 **138.75

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4-13-13

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
C	Dolores Yunker	1073 KENTON ST	AURORA, CO. 80010
D	DIANE BRITZ	3562 SALISBURY CT	FAIRFIELD, CA. 94534
D	JOHN BERMAN	1900 GRANT ST	DENVER, CO. 80203
			MAY 20 2013
			S. PRATHER

10. E-mail Address: A. Bonnette@yahoo.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE:

Dolores Yunker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dolores Yunker

20 April 13

Date

Daytime Phone #

303 364 3056