

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

98 JUL 23 PM 12:53
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L13437

1. Corporation Name

American Merchandise Liquidators, Inc.

Principal Place of Business

Mailing Address

200 East Robinson St.
Suite 450
Orlando, Fl. 32801

1991-98

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

2. New Principal Office Address, If Applicable

200 E. Robinson St.

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business In Florida

09/01/89

Suite, Apt. #, etc.

Suite 450

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For

☐ Not Applicable

City & State

Orlando, Fl.

City & State

Zip 32801

Country

Zip

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	Julie Birns	23332 Millcreek Dr.	Laguna Hills, Ca. 92653

600002595556--2
-07/22/98--01068--013
***1755.00 ***1711.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Joseph Camillo
200 E. Robinson St.
Ste. 450
Orlando, Fl. 32801

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

Joseph Camillo

REGISTERED AGENT MUST SIGN

Date

July 20, 1998

11. This corporation owes or has paid 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:

Julie Birns

Julie Birns

President

July 17, 1998

Date

407-650-0333

Daytime Phone #