

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000002742

FILED  
Oct 16, 2006  
Secretary of State

Entity Name: AMLS, INC.

**Current Principal Place of Business:**

5050 1/2 MULDOON CIRCLE  
PENSACOLA, FL 32506

**New Principal Place of Business:**

**Current Mailing Address:**

5050 1/2 MULDOON CIRCLE  
PENSACOLA, FL 32506

**New Mailing Address:**

FEI Number: 56-2443556      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

THOMAS, AMELIA  
5050 1/2 MULDOON CIRCLE  
PENSACOLA, FL 32506      US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: AMELIA THOMAS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: THOMAS, AMELIA  
Address: 5050 1/2 MULDOON CIRCLE  
City-St-Zip: PENSACOLA, FL 32506

Title: S ( ) Delete  
Name: HETHERINGTON, ANDREA  
Address: 5050 1/2 MULDOON CIRCLE  
City-St-Zip: PENSACOLA, FL 32506

Title: T ( ) Delete  
Name: THOMAS, TARA  
Address: 5050 1/2 MULDOON CIRCLE  
City-St-Zip: PENSACOLA, FL 32506

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMELIA THOMAS

PRES

10/16/2006

Electronic Signature of Signing Officer or Director

Date