

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N06000006862

1. Corporation Name

Amerikarma Corporation

2. Principal Office Address - No P.O. Box #  
600 Harrison Place

Suite, Apt. #, etc.  
1420

City & State  
DeLand, FL

Zip  
32724

Country  
America

3. Mailing Office Address  
6614 Royal Parkway North

Suite, Apt. #, etc.

City & State  
Lockport, NY

Zip  
14094

Country  
America

4. Date Incorporated or Qualified  
To Do Business in Florida June 27, 2006

5. FEI Number  
20-5131703

☒ 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  
Justin Brunner

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

Suite, Apt. #, Etc.  
1420

City  
DeLand

State  
FL

Zip Code  
32724

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*Justin Brunner*  
REGISTERED AGENT MUST SIGN

Date April 7, 2009

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
P	Justin Brunner	600 Harrison Pl # 1420	DeLand, FL 32724
SEC	Patricia A Rotko	6614 Royal Parkway North	Lockport, NY 14094
TRES	Kimberly S Reinhardt	3385 Thunderhead Dr	Lake Havasu City, AZ 86406
	<i>[Signature]</i>		

10. 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 contained in Chapter 119, 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:

*Justin Brunner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Justin Brunner

4-7-09

Date

716-957-2108

Daytime Phone #

FILED

09 APR 21 AM 8:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**REINSTATEMENT** 02-09