

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N07000010900**

1. Corporation Name

AMEI Industrial Complex Property Owners Association, Inc.

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

507 Laurel Road

Suite, Apt. #, etc

City & State

Nokomis, FL

Zip

34275

Country

Sarasota

3. Mailing Office Address

507 Laurel Road

Suite, Apt. #, etc.

City & State

Nokomis, FL

Zip

34275

Country

Sarasota

7. Name and Address of Current Registered Agent

Name

Ralph Gorenstein

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

22 Sandy Cove Road #401

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34242

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

REGISTERED AGENT MUST SIGN

Date

11-20-13

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
P D	Ralph Gorenstein	22 Sandy Cove Road #401	Sarasota, FL 34242
S T	Chere Gorenstein	22 Sandy Cove Road #401	Sarasota, FL 34242
V	Joseph Kondisko	704 Eldorado Dr	Venice, FL 34285
			S. HAWKES
			DEC 27 2013
			EXAMINER

10. E-mail Address: **Ralphgorenstein@aol.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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-20-13

Daytime Phone #

944 3083151

FILED
2013 DEC 19 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2B081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

500255021835
12/26/13--01028--017 **542.00