

# **2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N10000001804

**FILED**  
**Nov 27, 2012**  
**Secretary of State**

**Entity Name:** AMIEE'S PLACE FOUNDATION, INC.

**Current Principal Place of Business:**

6378 BUENA VISTA DRIVE  
MARGATE, FL 33063

**New Principal Place of Business:**

663 PALM DRIVE  
SATELLITE BEACH, FL 32937

**Current Mailing Address:**

6378 BUENA VISTA DRIVE  
MARGATE, FL 33063

**New Mailing Address:**

663 PALM DRIVE  
SATELLITE BEACH, FL 32937

**FEI Number:** 27-0491179

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DIXON, CINDI  
6378 BUENA VISTA DR  
MARGATE, FL 33063 US

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

DIXON, CINDI  
663 PALM DRIVE  
SATELLITE BEACH, FL 32937 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: CINDI DIXON

11/27/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DIXON, CINDI  
Address: 663 PALM DRICE  
City-St-Zip: SATELLITE BEACH, FL 32937 US

Title: EVP  
Name: DIXON, KARL  
Address: 663 PALM DRIVE  
City-St-Zip: SATELLITE BEACH, FL 32937 US

I hereby 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 all other like empowered.

SIGNATURE: CINDI DIXON

P

11/27/2012

Electronic Signature of Signing Officer or Director

Date