

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **n38896**

1. Corporation Name
AMMIA, INC.

Principal Place of Business Mailing Address
401 E. JACKSON ST. SUITE 1700
TAMPA, FL 33602

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/29/90

5. FEI Number

65-0261828

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

SH 75-211 (b)(1) Fee required
for all certificates of status.

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES/ DIR	KENNETH F. PETERSEN	401 E. JACKSON ST #1700	TAMPA, FL 33602
SEC/ TREAS/ DIR	THOMAS S. SOUSA	401 E. JACKSON ST. #1700	TAMPA, FL 33602
DIR	WILLIAM OPP	15191 HOMESTEAD ROAD	LEHIGH ACRES, FL 33906
<div style="text-align: right;"> REINSTATEMENT <u>99</u> TS </div>			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LAUREL L. GRAMMIG
401 E. JACKSON ST #1700
TAMPA, FL 33602

Name
LAUREL L. GRAMMIG

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

401 E. JACKSON ST. SUITE #1700

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33602

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

Laurel L. Grammig

REGISTERED AGENT MUST SIGN

Date 10/19/99

11. This corporation owes 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:

Thomas S. Sousa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-19-99 813-222-4067

Date

Daytime Phone #

CR25081 (12/99)