

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


pg 10 + 2

P. Roberts JUN 10 2005

FILED
05 JUN -9 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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06/09/05--01014--001 **450.00

CORPORATION REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000096938

1. Corporation Name
AMT MANAGEMENT INC.

W05-24081

2. Principal Office Address <u>939 CHICKADEE DR</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>939 CHICKADEE DR</u> Suite, Apt. #, etc.	
City & State <u>PORT ORANGE FL.</u>		City & State <u>PORT ORANGE FL.</u>	
Zip <u>32127</u>	Country <u>VOLUSIA</u>	Zip <u>32127</u>	Country <u>VOLUSIA</u>

REINSTATEMENT 03-05

4. Date Incorporated or Qualified To Do Business in Florida <u>10-12-00</u>	
5. FEI Number <u>59-3679266</u>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name <u>A. MICHAEL TORTORA</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>939 CHICKADEE DR.</u>	
Suite, Apt. #, Etc.	
City <u>PORT ORANGE</u>	State <u>FL</u>
	Zip Code <u>32127</u>

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 A. Michael Tortora Date 4-30-05

REGISTERED AGENT MUST SIGN

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
<u>P</u>	<u>A. MICHAEL TORTORA</u>	<u>939 CHICKADEE DR</u>	<u>PORT ORANGE FL. 32127</u>

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 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: A. Michael Tortora A. MICHAEL TORTORA 4-30-05 386-299-4840

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/05)

Pg 2052

04/30/05

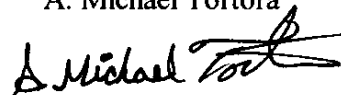
Florida Department Of State
Secretary Of State
Division Of Corporations

To whom it may concern,

This letter is to request wavier of reinstatement fees. I never received copies of annual reports for 2003 , ~~2004~~ & 2005 therefore I was unable to file.

AMT Management Inc.

A. Michael Tortora

A handwritten signature in black ink, appearing to read "A. Michael Tortora", with a stylized flourish at the end.