

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 APR 28 AM 8:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P01000008584**

1. Corporation Name

AMERICAN MADE, INC.

2. Principal Office Address

830 LaSalle St

3. Mailing Office Address

PO Box 10671

Suite, Apt. #, etc.

4

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

32207

Country

US

Zip

32247

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

01/22/2001

5. FEI Number

59-3697150

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

UCC Filing & Search Services, Inc.

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

526 E Park Ave

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

*Ed Hand, President*  
REGISTERED AGENT MUST SIGN

Date

4/28/03

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	David E Welch	830 LaSalle St Apt 4	Jacksonville FL 32207
V	Jack I Bear, JR	1649 Brookside Cir East	Jacksonville FL 32207

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:

*David E Welch*

David E Welch

Date

4/25/03

Daytime Phone #

904-396-5232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (11/02)

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