

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROPRIATE  
AND  
FILED

08 JUN 24 AM 11:15


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JD 6-24-08

300131812323  
06/27/08--01029--006 \*\*458.75

REINSTATEMENT 06-08

**CORPORATION  
REINSTATEMENT**

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

DOCUMENT # P 01000009387

1. Corporation Name

LAW OFFICE OF STEVEN E. AMSTER

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

100 N. Biscayne Blvd.

3. Mailing Office Address

same

Suite, Apt. #, etc.

607

Suite, Apt. #, etc.

-

City & State

Miami, Florida

City & State

-

Zip

33132

Country

USA

Zip

-

Country

-

4. Date Incorporated or Qualified  
To Do Business in Florida

1/25/2001

5. FEI Number

33-1015485

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

STEVEN E. AMSTER

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

100 N. Biscayne Blvd

Suite, Apt. #, Etc.

607

City

Miami

State

FL

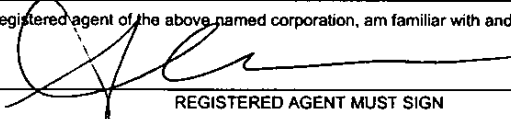
Zip Code

33132

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

6/22/08

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| P      | Stephen P. GANT                      | 100 N. Biscayne Blvd<br>#607                      | Miami, FL 33132    |
| D      | Steven E. AMSTER                     | 100 N. Biscayne Blvd<br>#607                      | Miami, FL 33132    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

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 contained in Chapter 119, 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:

 Steven E. Amster  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/22/08 (305) 371-2455  
Daytime Phone #