

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 18 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO1000011603

1. Corporation Name

A.M.S. & Associates, Inc.

600012696656
02/18/03--01040--005 **300.00

2. Principal Office Address

600 Oak Street

Suite, Apt. #, etc.

Unit 1A

City & State

Port Orange, FL

Zip

32127

Country

USA

3. Mailing Office Address

600 Oak Street

Suite, Apt. #, etc.

Unit 1A

City & State

Port Oran, FL

Zip

32127

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

2-12-2001

5. FEI Number

59-3695085

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$875 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Mike Mott

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

106 Ogden Blvd.

Suite, Apt. #, Etc.

City

Daytona Beach Shores

State

FL

Zip Code

32118

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 2-12-03

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
Pres	<u>Mike Mott</u>	<u>106 Ogden Blvd.</u>	<u>FL 32118</u> <u>Daytona Beach Shores,</u>
VP	<u>Suzanne M Cartier</u>	<u>62 Jana Drive</u>	<u>Ponce Inlet, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-03

Date

386-304-6540

Daytime Phone #

CR2E081 (10/02)



Hurricane Shutters

600 Oak Street, Unit 1A Port Orange, FL 32127
Phone: 386-304-6540 Fax: 386-304-6541 Toll Free: 866-304-6540
Website: www.AMSHurricaneShutters.com Email: amsshutters@cfl.rr.com

February 11, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Corporation of Reinstatement

Reason we didn't reply is our mail was not forwarded to the new address.

Please note our new address 600 Oak St. Unit 1 A
Port Orange FL. 32127

Thank you,

A handwritten signature in cursive script that reads "Kris Maskell".

Kris Maskell
Office Manager
KM/smc