

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

APPLICATION FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 27 PM 3:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000033802

1. Corporation Name

AMIGOS OF MARCO, INC.

Principal Place of Business

1000 N. COLLIER BOULEVARD  
MARCO ISLAND FL 34145

1000 N. Collier Blvd.

Mailing Address

1000 N. COLLIER BOULEVARD  
MARCO ISLAND FL 34145

1000 N.



03/03/02 90075 008 150.00

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

4. Date Incorporated or Qualified  
To Do Business in Florida

04/03/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

651090265

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
<del>D</del>	GREUSEL, JAMIE B	1104 N. COLLIER BOULEVARD	MARCO ISLAND FL 34145
P.	Tamara Llerena Morris	1000 N. Collier BLVD.	Marco Island Fl. 34145
V.P.	Daniel Morris	1000 N. Collier BLVD	Marco Island Fl. 34145

B12/4

8. Name and Address of Current Registered Agent

GREUSEL, JAMIE B  
1104 N. COLLIER BOULEVARD  
MARCO ISLAND, FL 34145

9. Name and Address of New Registered Agent

Name: Tamara Llerena Morris  
Street Address (P.O. Box Number is Not Acceptable): 1000 N. Collier Blvd.  
Suite, Apt. #, Etc.: #15  
City: Marco Island  
State: FL  
Zip Code: 34145

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Tamara Llerena Morris*  
REGISTERED AGENT MUST SIGN

Date

10/30/02

11. 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:

*Tamara Llerena Morris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 2221

To Whom it may concern; Page 2 of 2  
Our Business Filed on time this year a  
mistake was made and the F.I.I NO. was  
left off. My records indicate that you  
received payment on time and the  
check was cashed. Please waive  
all late fees due to this mistake, Also  
the address for our Business was wrong  
on your form and so we did not  
receive this notice until three days  
ago. I Hope that I filled this one  
out correctly if not Please contact  
me ASAP at 239-450-6299 or 394-2221.

Thank you

Daniel Morris  
Daniel Morris V.P.