

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR

FLORIDA DEPARTMENT OF STATE

Jim Smith,
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000043465

1. Corporation Name

AMERICAN MARKETING SYSTEMS, INC.

Principal Place of Business

Mailing Address

8118 NW 71ST AVENUE
TAMARAC FL 33321

8118 NW 71ST AVENUE
TAMARAC FL 33321

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

05/01/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-1099561

Not Applicable

Zip

Country

Zip

Country

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
D	ZULIA, STACY	8118 NW 71ST AVENUE	TAMARAC FL 33321

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ZULIA, STACY
8118 NW 71ST AVENUE
TAMARAC FL 33321

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)

292

M A S
3000 N UNIVERSITY DRIVE
SUITE E
CORAL SPRNGS, FL 33065
Tel # 954-346-7288
Fax # 954-346-7217

December 2, 2002

Uniform Business Report Filing
Division of Corporations
P.O. Box 1500

~~Tallahassee, Florida 32302-1500~~

RE: UBR/P01000043465/AMERICAN MARKETING SYSTEMS, INC

To Whom It May Concern:

This is to request acceptance of the enclosed corporate renewal filing/reinstatement. The client has informed us that this is his correct address but he did not receive the UBR until now.

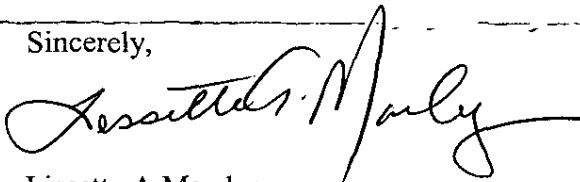
It is the client's responsibility to file the corporate annual report. We do not file the corporate annual report for our clients unless is given to us for filing.

Enclosed find check for \$150.00 for the filing fee.

Should you have any questions, please do not hesitate to call the office.

Thank you, for your assistance in this matter.

Sincerely,



Lissette A Mawby
For American Marketing Systems
Enc.