

APPLICATION
FOR
REINSTATEMENT



Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUL 17 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000050613

AMTSERVICE INCORPORATED

3804 SE Lake Weir Ave
8000 SE LAKE WEIR AVE
OCALA FL 33480

3804 SE Lake Weir Ave
Ocala FL 33480



REINSTATEMENT 02-03

05/22/2001

Applied For

59-3721185

Not Applicable

Zip	Country
34480	Marion

Zip	34480	Country	Marian
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6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	TIPSWORD, ROBERT	2195 SE 38 ST	OCALA FL 33480
D	TIPSWORD, VICKI	2195 SE 38 ST	OCALA FL 33480
			300021628393 07/17/03--01065--008 **900.00
			300021628393 07/17/03--01065--009 **8.75

9. Name and Address of New Registered Agent

~~MC GEE, MAX K
807 SW 8 AVE STE A
OCALA FL 34474~~

Name _____

Vicki L. Tupsword

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

2195 SE 38th St
Suite, Apt. #, Etc.

Suite, Apt. #, Etc.

City

Ocala

State

Zip Code

FL

34480

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 1/16/03

Vicki L. Tipton
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

7/11/03

Date _____

352-477-2483

Daytime Phone #

CR2E040 (8/02)