

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

\* FILED pd 2002  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

**1. Corporation Name**

A+M Scaffolding Service, Inc.  
P01000078379

**2. Principal Office Address**

504 Marill Ter

Suite, Apt. #, etc.

504 North

Lauderdale

Zip  
33068

Country  
USA

**3. Mailing Office Address**

3060 N.W. 27<sup>th</sup> St.

Suite, Apt. #, etc.

3060

City & State  
Lauderdale Lakes, FL

Zip  
33311

Country  
USA

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

08/09/01

**5. FEI Number**

65 1113971

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

Michael Black

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

504 Marill Ter.

Suite, Apt. #, Etc.

504 North

Lauderdale

City  
FL

State

FL

Zip Code

33068

**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

Michael Black

REGISTERED AGENT MUST SIGN

Date

12/18/02

**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
P	Michael Black	504 Marill Ter	N. Lauderdale FL 33068
S	Angela Stewart	504 Marill Ter	N. Lauderdale Florida, 33068

**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:**

Michael Black

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/18/02

Date

(954) 714-8044

Daytime Phone #

CR2081 (9/01)

***A & M Scaffolding Services, Inc.***  
***3060 N.W. 27th Street***  
***Lauderdale Lakes, FL 33311***  
***Office: (954)-714-8044***  
***Fax: (954)-714-8493***

**December 18, 2002**

**To: Florida Dept. Of State,**

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**To my knowledge my annual report/uniform business report was mailed before May 1, 2002. I never received a rejection letter from the Division of Corp. in reference to cancellation.**

**Please, reinstate my company, as the filling fees for 2001 were mailed and paid on time. I am requesting any late fees or penalties be waived.**

**For further information please call Michael Black at (954) 714-8044**

**Sincerely,**

*Michael Black*  
**Michael Black/President**

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