

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 15 PM 6:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000102468

1. Corporation Name

AMS HOLDINGS CORP.

Principal Place of Business

Mailing Address

~~201 ALHANBRA CIRCLE~~
SUITE 701
CORAL GABLES FL 33134

201 ALHANBRA CIRCLE
SUITE 701
CORAL GABLES FL 33134

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

7700 NW 37 AVE

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

7700 NW 37 AVE

Suite, Apt. #, etc.

City & State

MIAMI FL 33147

City & State

MIAMI FL

Zip

33147

Country

USA

Zip

33147

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/23/2001

5. FEI Number

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PST	VILLARUEL, JOSE	7201 W TROOM CIRCLE	MIAMI FL 33014

100009012711
11/15/02--01006--016 **750.00

8. Name and Address of Current Registered Agent

DE LA OSA, JORGE L
201 ALHANBRA CIRCLE
SUITE 701
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

Jose Villarruel

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

7700 NW 37 AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33147

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

~~SIGNATURE REQUIRED~~

REGISTERED AGENT MUST SIGN

Date

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 #