

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 NOV 18 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000105723

1. Corporation Name

Amelia Gardens Inc.

2. Principal Office Address - No P.O. Box #

2375 E Tropicana

3. Mailing Office Address

2375 E Tropicana

Suite, Apt. #, etc.

8-136

Suite, Apt. #, etc.

8-136

City & State

Las Vegas, Nv

City & State

Las Vegas, Nv

Zip

89119

Country

USA

Zip

89119

Country

USA

CR2B081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

10/31/01

5. FEI Number
03-0394232

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

Hazel Donaldson

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

20435 SW 5 St

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33029

11/18/11--01044--002 **\$43.75
000214467520
11/18/11--01044--002 **\$43.75

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

Hazel Donaldson

REGISTERED AGENT MUST SIGN

Date 11/17/2011

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/T/S	Michael Germano	2375 E Tropicana 8-136	Las Vegas, Nv 89119

B 11/21/11
REINSTATEMENT 10-11

10. E-mail Address: midigeoo@gmail.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.617.155, F.S.

SIGNATURE:

Michael Germano

MICHAEL GERMANO

11/17/2011

702-612-7372

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #