

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000081390 3)))



H120000813903ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-0821
Fax Number : (850) 558-1515

FILED
12 MAR 28 PM 3:16
DIVISION OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**CORPORATION REINSTATEMENT
ASSOCIATION OF CERTIFIED ANTI-MONEY LAUNDERING SPECIALISTS**


Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$908.75

MAR 28 2012

Electronic Filing Menu Corporate Filing Menu

HSPRATHE

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		12 MAR 28 PM 3:16 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P01000107380 1. Corporation Name ASSOCIATION OF CERTIFIED ANTI-MONEY LAUNDERING SPECIALISTS, INC.					
2. Principal Office Address - No P.O. Box # 80 SOUTHWEST 8TH STREET		3. Mailing Office Address 80 SOUTHWEST 8TH STREET		11-12 4. Date Incorporated or Qualified To Do Business in Florida 11/07/2001 5. FEI Number 650105637 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>\$8.75 Additional Fee required for a Certificate of Status</small>	
Suite, Apt. #, etc. SUITE 2300		Suite, Apt. #, etc. SUITE 2300			
City & State MIAMI		City & State MIAMI			
Zip 33130	Country USA	Zip 33130	Country USA		
7. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET Suite, Apt. #, Etc. City TALLAHASSEE					
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S. Signature of Registered Agent <u>Becky Peirce</u> Becky Peirce Asst. Vice President Date 03/28/2012 REGISTERED AGENT MUST SIGN					
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		
CFO	Ari House	39 West 37th Street, 15th Floor	New York / NY / 10018		
MAR 28 2012 S. PRATHER					
10. E-mail Address: <u>ahouse@alertglobalmedia.com</u> <small>(To be used for future annual report notification)</small>					
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 reasons 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.817.155, F.S. SIGNATURE: <u>ART HOUSE</u> ART HOUSE (646) 330 - 5380 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					