FILED

APPLICATION FOR REINSTATEMENT

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

04 FEB 17 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000021001

1. Corporation Name
AMAZE! TECHNOLOGIES, INC.

Principal Place of Business
2900 BELMAR STREET
FORT LAUDERDALE
FL. 33304

Mailing Address

REINSTATEMENT 03-04

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 02/25/2002

5. FEI Number: 04-3662232

6. CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	BALL, PATRICIA	2900 Belmar Street	Ft. Lauderdale Fl. 33304

000029030780
02/18/04--01054--009 **158.75

U00000026443
02/03/04-80009-009 150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent
Name: Patricia Ball
Street Address (P.O. Box Number is Not Acceptable): 2900 Belmar Street
Suite, Apt. #, Etc.
City: Ft Lauderdale State: FL Zip Code: 33304

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.

Signature of Registered Agent: Patricia Ball
REGISTERED AGENT MUST SIGN
Date: 01/31/2004

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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 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 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Patricia Ball
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/21/2004
Date

954-564-0523
Daytime Phone #

January 31, 2004

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee Fl. 32314

Re: Amaze! Technologies Inc

To Whom It May Concern:

Since I moved from Panama City to Fort Lauderdale In 2003, I never received the Annual report notice for 2003 and consequently never paid for the renewal.

I am enclosing my check of $ 150.00 in order to renew my Corporation for 2003 and ask you to send me the paperwork necessary for the 2004 renewal.

Thank you for your cooperation in this matter.

Sincerely,

Patricia Ball
Patricia Ball