

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P02000064333**

1. Corporation Name

**AMC CYBERPRO, INC.**

Principal Place of Business

Mailing Address

**8421 S.W. 143 AVENUE  
MIAMI FL 33183**

**8421 S.W. 143 AVENUE  
MIAMI FL 33183**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**06/11/2002**

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required  
for a Certificate of Status**

REINSTATEMENT



**5/5/03 91839 015 150.00**

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
P	CORREA, ALBERTO	8421 S.W. 143 AVE	MIAMI FL 33183
ST	CORREA, MARTA	8421 S.W. 143 AVE	MIAMI FL 33183
D	CORREA, ANDRES	8421 S.W. 143 AVE	MIAMI, FL 33183

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**CORREA, ALBERTO  
8421 S.W. 143 AVENUE  
MIAMI FL 33183**

Name

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

Suite, Apt. #, Etc.

City

State

**FL**

Zip Code

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

*Alberto Correa*

Date

**11/28/03**

REGISTERED AGENT MUST SIGN

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:

*Alberto Correa*

**ALBERTO CORREA**

Date

**11/28/03**

Daytime Phone #

**(305) 752-7789**

CR2E040 (7/03)

November 28, 2003

Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Re: AMC CYBERPRO, INC.

To Whom It May Concern:

Please be advised that we did not receive correspondence from your office, dated May 22, 2003, requesting that we make corrections on that form, which I believe is the annual report. Your office has our check for \$150.00 and the original annual report, sent several months ago.

I am respectfully requesting that AMC Cyberpro, Inc. be reinstated as an active Florida Corporation and that any fees involving reinstatement be waived, since we did pay our annual fees, but did not receive any form requesting that our annual report be corrected.

Thank you for your attention.

Sincerely,



Alberto Correa  
President, AMC Cyberpro, Inc.