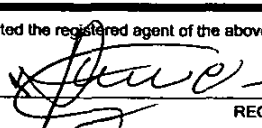
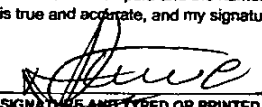


10/14/03

http://www.carnmax.com/dyn/factsheet/factsheet.asp

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 05 APR 18 AM 11:48 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P02000072077 1. Corporation Name AMG IMPORT-EXPORT CORPORATION.			
2. Principal Office Address 1082 SW 158TH AVE Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State PEMBROKE PINES FL		City & State	
Zip 33027	Country USA	Zip Country	4. Date Incorporated or Qualified To Do Business in Florida 07/01/2002
5. FEI Number 41-2048492		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 ARTURO GONZALEZ			
Street Address (P.O. Box Number is Not Acceptable) 1082 SW 158TH AVENUE			
Suite, Apt. #, Etc.			
City PEMBROKE PINES.		State FL	Zip Code 33027
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  Date _____ 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
P.D.	ARTURO GONZALEZ.	1082 SW 158TH AVENUE,	PEMBROKE PINES, FL. 33027
10. 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: 		954-442-4512	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E001 (10/02)