

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 JAN 26 PM 3:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 102000090743

1. Corporation Name

AMYLU SUPPLIES, INC

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

10271 SUNSET DRIVE

Suite, Apt. #, etc.

SUITE 104

City & State

MIAMI, FL

Zip

33173

Country

US

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

0507

ef

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

8/21/2002

5. FEI Number

56-2289678

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

LORENA SANDOVAL

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

10271 SUNSET DRIVE

Suite, Apt. #, Etc.

SUITE 104

City

MIAMI

State

FL

Zip Code

33173

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 1/23/07

**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
D	LORENA SANDOVAL	10271 SUNSET DR. MIAMI, FL (SUITE 104)	MIAMI, FL 33173

400087606844  
02/07/07--01053--009 \*\*450.00

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 contained in Chapter 119, 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LORENA SANDOVAL

Date

1/23/07

Daytime Phone #

305 500 5524

**AMYLU SUPPLIES , INC**

**10271 SUNSET DRIVE  
SUITE 104  
MIAMI, FLORIDA 33173  
Ph: 305 500 5524**

2/92

January 23, 2007

Florida Department of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

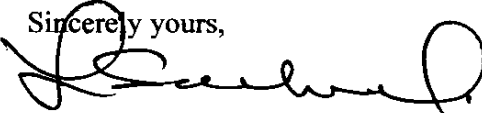
Reinstatement section

Re: AMYLU Supplies, Inc.

To Whom it may concern:

I have just received some corporate documents from our accountant, that has been very ill and not been able to work for the past two years. While I was reviewing old and current documents and I found that our Corporation did not file an Annual Report since 2004. Our accountant was very good, but due to his illness provably forgot to file forms. I feel very bad for the fact that I was doing business with a corporation that was inactive, but since I never deal with the filing, I didn't know. I will like to request a wave of the reinstatement fee (\$ 600.00) and from now on I will do the filling personally.

Sincerely yours,



Lorena Sandoval