

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 FEB -5 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO2000105799**

1. Corporation Name

AMSG Corporation

400087710794
02/08/07--01005--019 **1358.75

REINSTATEMENT 03-07

CR2E081 (1/07)

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

324 Royal Palm Way

Suite, Apt. #, etc.

228

City & State

Palm Beach, FL

Zip

33480

Country

US

3. Mailing Office Address

777 S Flagler Dr.

Suite, Apt. #, etc.

800E

City & State

West Palm Bch, FL

Zip

33401

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

10/01/2002

5. FEI Number

05-0536708

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF

ESIRED ☒

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

7. Name and Address of Current Registered Agent

Name

Cynthia Harding

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

777 S Flagler Dr. #800E

Suite, Apt. #, Etc.

800E

City

West Palm Beach

State

FL

Zip Code

33401

☐ 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

Cynthia Harding

Date **2/2/07**

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
Pres.	Angela Glazer	141 Gulfstream Rd	Palm Beach, FL 33480

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:

Dr. Angela Glazer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/2/07

Daytime Phone #