

2007


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 NOV -1 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA800111578338
11/01/07--01016--007 **300.00

CR2E081 (1/07)

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P03000010367

1. Corporation Name

AMC MACHINERY & PARTS INC.

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

15463 TURNBULL DR.

Suite, Apt. #, etc.

3. Mailing Office Address

15463 TURNBULL DR.

Suite, Apt. #, etc.

City & State

MIAMI LAKES

City & State

MIAMI LAKES

Zip

33014

Country

MIAMI DADE

Zip

33014

Country

MIAMI DADE

4. Date Incorporated or Qualified
To Do Business in Florida

01/28/2003

5. FEI Number

59-3764845

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CARMEN ELIAS - LEVENSON, CPA

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

5979 N.W. 151 STREET

Suite, Apt. #, Etc.

Suite 221

City

MIAMI LAKES

State

FL

Zip Code

33014

☒ 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

Carmen Elias Levenson

REGISTERED AGENT MUST SIGN

Date 01/19/2007

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
PSD	MARTINEZ - COLL, ALBERTO	15463 TURNBULL DR.	MIAMI LAKES / 33014

REINSTATEMENT 2006
2007

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:

ALBERTO MARTINEZ - COLL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/19/07 (305) 5121468

Date

Daytime Phone #