

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUN 19 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000058085

1. Corporation Name

AMERICAN MARKETING GROUP OF SOUTH FLORIDA INC

REINSTATEMENT 05-07

700104589717
06/19/07--01057--011 **450.00

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
100 1/2 NE 5 AVE

3. Mailing Office Address
C/O PBS 110 E ATLANTIC AVE

Suite, Apt. #, etc.
SUITE A

Suite, Apt. #, etc.
SUITE 235

City & State
DELRAY BEACH FL

City & State
DELRAY BEACH FL

Zip
33483

Country
USA

Zip
33444

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 05 27 03

5. FEL Number
75-3117745

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
G HOWARD KAMIENSKI

Street Address (P.O. Box Number is Not Acceptable)
555 SE 6 AVE

Suite, Apt. #, Etc.
SUITE 5 E

City
DELRAY BEACH

State Zip Code
FL 33483

☒ 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

G Howard Kaminski

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	G HOWARD KAMIENSKI	100 1/2 NE 5 AVE #A	DELRAY BEACH FL 33483
VP	GREG GORNEY	100 1/2 NE 5 AVE #A	DELRAY BEACH FL 33483

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G Howard Kaminski

6/15/07
Date

561-276-7104
Daytime Phone #

7/6/21