

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 JUN 18 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD3000071935

1. Corporation Name
*AMERICAN MORTGAGE NETWORK SERVICES
INCORPORATED*

2. Principal Office Address - No P.O. Box #
5815 LAGUNA WOODS CT
Suite, Apt. #, etc.

3. Mailing Office Address
5815 LAGUNA WOODS CT
Suite, Apt. #, etc.

City & State
TAMPA FL
Zip Country
33625 US

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TAMPA FL
Zip Country
33625 US

800182333068
06/18/10--01033--011 **1050.00

REINSTATEMENT 08-10

4. Date Incorporated or Qualified To Do Business in Florida *6-15-10*
5. FEI Number *810620113*
6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
JORDAN VREELAND
Street Address (P.O. Box Number is Not Acceptable)
5815 LAGUNA WOODS CT
Suite, Apt. #, Etc.
City State Zip Code
TAMPA FL 33625

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 *JORDAN VREELAND* Date *6-15-10*
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
<i>P MGRM</i>	<i>JORDAN VREELAND</i>	<i>5815 LAGUNA WOODS CT</i>	<i>TAMPA, FL 33625</i>

10. E-mail Address: *vreeland001@yahoo.com*

(To be used for future annual report notification)

11. 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. I further certify, 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

Date *6-15-10* 833406223
Daytime Phone #

6/21/10