

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000089257

**Entity Name:** A.M.E. DRIVE SERVICE, INC.

**FILED**  
**Aug 22, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

9808 SW 90TH STREET  
GAINESVILLE, FL 32608

**New Principal Place of Business:**

**Current Mailing Address:**

9808 SW 90TH STREET  
GAINESVILLE, FL 32608

**New Mailing Address:**

**FEI Number:** 56-2386476

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MANN, ALLISON  
9808 SW 90TH STREET  
GAINESVILLE, FL 32608 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ALLISON MANN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MANN, ALLISON  
Address: 9808 SW 90TH STREET  
City-St-Zip: GAINESVILLE, FL 32608

Title: AVP  
Name: MANN, GARY  
Address: 9808 SW 90TH STREET  
City-St-Zip: GAINESVILLE, FL 32608

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALLISON MANN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

D

08/22/2011

\_\_\_\_\_  
Date