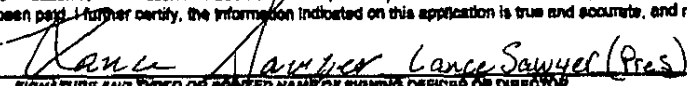


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 09 NOV 24 AM 11:31 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P03000116032					
1. Corporation Name American Management Systems Inc					
2. Principal Office Address - No P.O. Box # 1548 Cherry Ridge Dr Suite, Apt. #, etc.		3. Mailing Office Address 1548 Cherry Ridge Dr Suite, Apt. #, etc.		000163089750 11/24/09--01040--022 **750.00 REINSTATEMENT 05-09	
City & State Lake Mary		City & State Lake Mary, FL			
Zip 32746	Country Seminole	Zip 32745	Country Seminole		
4. Date Incorporated or Qualified To Do Business in Florida 10/16/2003					
5. FEI Number 43-2031546				Applied For ☐ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐				\$3.75 Additional Fee requires for Certificate of Status	
7. Name and Address of Current Registered Agent					
Name ATP BUSINESS SOLUTIONS INC.					
Street Address (P.O. Box Number is Not Acceptable) 7924 Forest City Rd					
Suite, Apt. #, Etc. Suite 210					
City Orlando		State FL	Zip Code 32810		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S. Signature of Registered Agent  Date 11/18/2009 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	Lance Sawyer	1548 Cherry Ridge Dr		Lake Mary, FL 32746	
10. E-mail Address: atpbs@atpbs.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: 		DATE: 11/18/09		DAYTIME PHONE # 407492-7920	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					