

JAN. 3. 2006 10:37AM

CORP SERVICE COMP

NO. 3675 P. 2

H06000002058 3

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 JAN -4 11:06:23

SECRET
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P04000069877					
1. Corporation Name AMEROPA DEVELOPMENT, INC.					
2. Principal Office Address 407 Lincoln Rd			3. Mailing Office Address 1521 Alton Road		
Suite, Apt. #, etc. Ste 12E			Suite, Apt. #, etc. Ste 508		
City & State Miami Beach, FL			City & State Miami Beach, FL		
Zip 33139	Country US	Zip 33139	Country US		

REINSTATEMENT 05-06
CR2E061 (8/06)

4. Date Incorporated or Qualified To Do Business in Florida 04/28/2004	
5. FEI Number 87-0729928	Applied For ☐ Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☒ 50.75 Additional Fee Required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name CORPORATION SERVICE COMPANY	
Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET	
Suite, Apt. #, Etc.	
City TALLAHASSEE	State FL
	Zip Code 32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0603 or 617.0603, F.S.

Signature of
Registered AgentLaura R. Dunlap
as its agent

Date

1/4/06

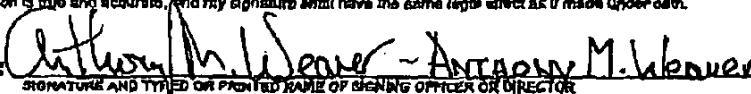
REGISTERED AGENT MUST SIGN

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
CEO/dh	Anthony M. Weaver	1521 Alton Rd. #508	Miami Beach FL 33139

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 under section 119.07(3)(f), 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

On to

Daytime Phone #

1/6/06 305-468-6168

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850) 205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

CORPORATION REINSTATEMENT

AMEROPA DEVELOPMENT, INC.

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$908.75

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