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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000069877

1. Corporation Name
AMEROPA DEVELOPMENT, INC.

REINSTATEMENT 05-06

CR2E081 (8/05)

2. Principal Office Address	3. Mailing Office Address
407 Lincoln Rd	1521 Alton Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Ste 12E	Ste 508
City & State	City & State
Miami Beach, FL	Miami Beach, FL
Zip: 33139 Country: US	Zip: 33139 Country: US

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 ☑ $30.00 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 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Laura 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/db	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)(i), 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: Anthony M. Weaver - Anthony M. Weaver 1/4/06 305-468-6168
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
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CORPORATION REINSTATEMENT

AMEROPA DEVELOPMENT, INC.

Certificate of Status	1
Certified Copy	0
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