


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 NOV 18 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000008157
1. Corporation Name
AMC RELLAN, INC

REINSTATEMENT 08-09

2. Principal Office Address- No P.O. Box # 1401 MYRTLE STREET Suite, Apt. #, etc.	3. Mailing Office Address SAME Suite, Apt. #, etc.
City & State ORLANDO-FLORIDA	City & State SAME
Zip Country 32807 USA	Zip Country SAME USA

CR2E081 (10/09)

4. Date Incorporated or Qualified To Do Business in Florida **01/18/2005**

5. FEI Number **20-2175759** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **RUBEN RELLAN**

Street Address (P.O. Box Number is Not Acceptable)
1401 MYRTLE STREET

Suite, Apt. #, Etc.

City State Zip Code
ORLANDO FL 32807

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or section 617.0503, F.S.

Signature of Registered Agent *Ruben Rellan* Date **11/03/2009**
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
P	RUBEN RELLAN	1401 MYRTLE STREET	ORLANDO, FLORIDA 32807

00162919419
11/18/09 01026 002 **300.00

10. E-mail Address: LONDON2750@HOTMAIL.COM
(To be used for future annual report notifications)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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: *Ruben Rellan* Date **11/03/2009**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day time Phone#

DC 11/19