

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 22 AM 7:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000034790

1. Corporation Name

AMFISPORTS INC

800172790868
03/22/10--01051--015 **450.00
CR2E081 (H/08)

2. Principal Office Address - No P.O. Box #

9500 NW 79 AVE

Suite, Apt. #, etc.

9

City & State

HIALEAH GARDENS, FL

Zip

33016

Country

USA

3. Mailing Office Address

9500 NW 79 AVE

Suite, Apt. #, etc.

9

City & State

HIALEAH GARDENS

Zip

33016

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/19/2007

5. FEI Number

20-8655306

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

ANDREA M FENCHUK

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

9500 NW 79 AVE

Suite, Apt. #, Etc

9

City

HIALEAH

State

FL

Zip Code

33016

☒ 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 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 03-11-2010

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,D	ANDREA M FENCHUK	9500 NW 79 AVE #9	HIALEAH GARDENS, FL 33016

REINSTATEMENT

RH

10. E-mail Address: RAPIDINCOMETAXES@YAHOO.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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-2010 786-290-8649

Date

Daytime Phone #