

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

01 JAN 18 AM 10:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P40376

1. Corporation Name AMERIL Corporation  
11767 So. Dixie #270  
MIAMI FLA 33156

2. Principal Office Address

11767 So. Dixie

Suite, Apt. #, etc.

#270

City & State

MIAMI, FL

Zip

33156

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

17-01

4. Date Incorporated or Qualified  
To Do Business in Florida

1992

5. FEI Number

65-0348836

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

IRVING RILL

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

10785 SW 128th St

300003575469

Suite, Apt. #, Etc.

01/26/01--01004--006

\*\*\*1350.00 \*\*\*1350.00

City

MIAMI, FL

State

FL

Zip Code

33156

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

IRILL

Date 1-11-01

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
<u>P</u>	<u>IRVING RILL</u>	<u>7850 SW 128 St</u>	<u>MIAMI, FL 33156</u>
<u>S</u>	<u>Deborah Rogers</u>	<u>11767 So Dixie #270</u>	<u>MIAMI, FL 33156</u>

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:

Deborah J. Rogers, Secty  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-11-01

Daytime Phone #

786 - 489-7598

CR2E081 (9/99)