

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
FILEDCORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

03 MAY 21 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P40370

1. Corporation Name

AMERIL CORPORATION

300020255153
05/29/03--01068--008 ***300.00

2002-2003 UBR

2. Principal Office Address

11767 SDixieHwy

3. Mailing Office Address

7850 SW 128 St

Suite, Apt. #, etc.

Suite 270

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

3306

Country

USA

Zip

3306

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/19/92

5. FEI Number

65-0348836

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$5.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Broad & Cassel PA

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

175 NW 1st Ave #2200

Suite, Apt. #, Etc.

City

MIAMI

State
FLZip Code
33128

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of
Registered Agent

Katherine D. Shaw

REGISTERED AGENT MUST SIGN

Date 5/16/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|-------|--------------------------------------|---|--------------------|
| Pres | IRVING R RILL | 11767 SDixieHwy #270 | MIAMI, FL 3306 |
| Secy | Deborah D. Myers | 11767 SDixieHwy #270 | MIAMI, FL 33156 |
| | | | |
| | | | |

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)(b), 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

IRVING R RILL, Pres.

Date

Daytime Phone #

305 253964
5/16/03

CR2001 (8/01)

2052

Affidavit of Irving Rill

State of Florida
County of Dade

Before me the undersigned authority personally appeared Irving Rill who upon being duly sworn under oath deposes and says:

1. I am president of Ameril Corporation and have personal knowledge of the matters set forth in this affidavit.

2. Neither I nor any person on behalf of the corporation received any documentation (annual report, notice of dissolution, etc.) From the Secretary of State regarding Ameril Corporation.

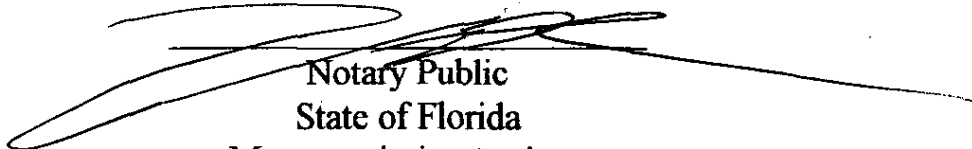
3. It is requested that the fines and late fees, etc be waived as a result of the foregoing.

Further affiant sayeth not.



Irving Rill

Sworn to before me this 16th day of May, 2003 at Miami, Florida.



Notary Public
State of Florida
My commission expires:

