

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2005 OCT 25 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P 92000009888**

1. Corporation Name

AMERIPIN INC.

2. Principal Office Address

6542 HYPOLUXO RD

Suite, Apt. #, etc.---

SUITE # 317

City & State

LAKEWORTH, FL

Zip

33467

Country

PALM BEACH

3. Mailing Office Address

6542 HYPOLUXO RD

Suite, Apt. #, etc.

SUITE # 317

City & State

LAKEWORTH, FL

Zip

33467

Country

PALM BEACH

4. Date Incorporated or Qualified
To Do Business in Florida

DEC. 7, 1992

5. FEI Number

65-0373795

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-05

7. Name and Address of Current Registered Agent

Name

KAREN J. BUDZINSKI

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

890 N. FEDERAL HWY

Suite, Apt. #, Etc.

APT. # 106

City

LANTANA

State
FL

Zip Code

33462

300060923053

10/25/05--01057--006 *\$450.00

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

Karen J. Budzinski

REGISTERED AGENT MUST SIGN

Date **October 20, 2005**

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
PRES.	KAREN J. BUDZINSKI	890 N. FEDERAL HWY ^{APT.} #106	LANTANA, FL 33462

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:

Karen J. Budzinski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KAREN J. BUDZINSKI, PRES

OCT. 20, 2005

Date

Daytime Phone #

(561) 588-6080

10/25