

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUL 19 AM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000001669

1. Corporation Name

AMY COLLECTIONS, INC

2. Principal Office Address - No P.O. Box #
1413 CYPRESS AVE

Suite, Apt. #, etc.

City & State
MELBOURNE FL

Zip
32935

Country
USA

3. Mailing Office Address
1413 CYPRESS AVENUE

Suite, Apt. #, etc.

City & State
MELBOURNE, FL

Zip
32935

Country
USA

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida **01/04/1993**

5. FEI Number
59-3163829

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
YUN PING CHIN

Street Address (P.O. Box Number is Not Acceptable)
1413 CYPRESS AVE

Suite, Apt. #, Etc.

City
MELBOURNE

State
FL

Zip Code
32935

☒ 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

Yun Ping Chin

REGISTERED AGENT MUST SIGN

Date **07/17/07**

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	YUN-PING CHIN	1413 CYPRESS AVE	MELBOURNE FL 32935

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 contained in Chapter 119, 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:

Yun Ping Chin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/17/2007

Date

321 243-3656

Daytime Phone #