

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 JAN -3 PM 1:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # R93000009280

1. Corporation Name

A & M INDEPENDENT LINE, INC.

Principal Place of Business

Mailing Address

2210 NW 92 Ave.  
Miami, Fl. 33172

2210 NW 92 Ave.  
Miami, Fl. 33172

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

2210 NW 92 Ave.

2210 NW 92 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, Fl.

Miami, Fl.

Zip

Country

Zip

Country

33172

33172

REINSTATEMENT

98/9

4. Date Incorporated or Qualified  
To Do Business in Florida

02/08/1993

5. FEI Number

65-0416668

Applied For

Not Applied For

6.

CERTIFICATE OF STATUS DESIRED

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	Alvarez, Jaime	9744 NW 4 Lane	Miami, Fl. 33172

700003095317--1  
-01/12/00--01004--004  
\*\*\*\*923.75 \*\*\*\*923.75

8. Name and Address of Current Registered Agent

Magonin, Carlos  
5753 NW 98 Ave.  
Miami, Fl. 33178

9. Name and Address of New Registered Agent

Name

Alvarez, Jaime

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

9744 NW 4 Lane

Suite, Apt. #, Etc.

City

Miami

State

Zip Code

FL

33172

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*[Signature]* SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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 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 furnished on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #