

96-03

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **FILED**

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 20 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000061491

1. Corporation Name

AMM Management Co., Inc.

000023338210
10/23/03--01052--017 **\$65.00

REINSTATEMENT 96-03

2. Principal Office Address

2287 W. Eau Gallie Blvd. Same

3. Mailing Office Address

Suite, Apt. #, etc.

A

Suite, Apt. #, etc.

Same

City & State

Melbourne, FL

City & State

Same

Zip

32935

Country

Brevard

Zip

Same

Country

Same

4. Date Incorporated or Qualified
To Do Business in Florida

08/27/1993

5. FEI Number

59-3197547

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

David Larkin

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

1900 S. Hickory Street

Suite, Apt. #, Etc.

Suite A

City

Melbourne

State
FL

Zip Code
32901

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

[Signature]

Date 9/23/03

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
D	Michael H. Williams	2287 W. Eau Gallie Blvd. Melbourne, FL Suite A	32935

[Handwritten signature]

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:

[Signature] Michael H. Williams

Date 09/23/03

Daytime Phone # 321-757-5750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)

AMM Management Company, Inc.

2287 W. Eau Gallie Blvd., Ste. A
Melbourne, FL 32935
Phone (321) 757-5750
Facsimile (321) 757-5660

September 23, 2003

Department of State of Florida
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

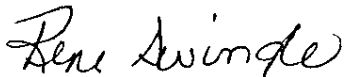
To Whom It May Concern:

AMM Management Company, Inc. was dissolved in 1996 due to lack of renewal of UBR Report. Our office moved in 1996 and our UBR renewal requests were not forwarded to our new address. Also, AMM Management Company, Inc. is a small company with little activity; therefore our new Accountant was not flagged to watch for these renewals.

For the reasons stated above, we would like to request a waiver of penalty.

Thank you in advance for your consideration of this request.

Sincerely,



Rene Swingle
Financial / Office Manager