

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT -8 AM 8:22

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P93000086060

1. Corporation Name

AMOR EQUIPMENT INC

2. Principal Office Address

9445 Bird Road

Suite, Apt. #, etc.

Suite No. 101

City & State

MIAMI FL

Zip

33165-2128

Country

USA

3. Mailing Office Address

9445 BIRD ROAD

Suite, Apt. #, etc.

SUITE 101

City & State

MIAMI FL.

Zip

33165

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida DEC 16, 1993

5. FEI Number

65-0457187

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

MARIA ALVAREZ-LAVIADA

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

9445 Bird Rd.

Suite, Apt. #, Etc.

Suite No. 101

City

MIAMI FLORIDA

State

FL

Zip Code

33165-2128

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

REGISTERED AGENT MUST SIGN

Date X 9-28-03

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
P/S/T	MARIA ALVAREZ-LAVIADA	9445 Bird Rd. #101	MIAMI FL 33165-2128

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA ALVAREZ-LAVIADA

X 9-28-03 (305) 553-2121

Date

Daytime Phone #

CR2E081 (10/02)