

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 15 AM 11:40

DOCUMENT # P94000044330

1. Corporation Name

AMFLO - CORPORATION

Principal Place of Business

Mailing Address

PO BOX 593081
ORLANDO FL 32859
US

PO BOX 593081
ORLANDO FL 32859
US



REINSTATEMENT 00

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

4. Date Incorporated or Qualified
To Do Business in Florida

06/06/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3248114

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPST	UENO, TEDDIE T	2216 FOUNTAIN KEY CIRCLE	WINDERMERE FL 34786

600003515096--4
-12/28/00-01008-007
***750.00 ***750.00

11/29/20

8. Name and Address of Current Registered Agent

POOLE, WILLIAM F IV
644 WEST COLONIAL DRIVE
ORLANDO FL 32804

9. Name and Address of New Registered Agent

Name
William F. Poole, IV
Street Address (P.O. Box Number is Not Acceptable)
1950 Wekiva Springs Road --
Suite, Apt. #, Etc.
Suite 204
City
Longwood
State
FL
Zip Code
32779

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 REQUIRED

Date 11-29-00

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

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-29-00

Daytime Phone #