

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000073709

1. Corporation Name

Amvest Properties Group, Inc

Principal Place of Business

Mailing Address

250 NW 20TH AVE
BOCA RATON FL 33486

250 NW 20TH AVE
BOCA RATON FL 33486

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

2. New Principal Office Address, If Applicable

1061 S.W. 20th Street

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1061 S.W. 20th Street

Suite, Apt. #, etc.

City & State

Boca Raton FL

Zip

33486

Country

USA

City & State

Boca Raton FL

Zip

33486

Country

USA

REINSTATEMENT

1996

mw3
11-26-96

4. Date Incorporated or Qualified To Do Business in Florida

10/3/94

5. FEI Number

65-0556280

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

SB To Agent in Charge of the Division of Corporations

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	GRIFFITH, MARK	250 NW 20TH AVE 1061 S.W. 20th Street	BOCA RATON FL 33486

200002016512--0

12/02/96--01005--002

****375.00 ****375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GRIFFITH, MARK

250 NW 20TH AVE

BOCA RATON FL 33486

1061 S.W. 20th Street
Boca Raton, FL 33486

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Mark Griffith

REQUIRED

Date

10-22-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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:

Mark Griffith REQUIRED

10-22-96

Ad 391 2839

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #