2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000079434

1. Entity Name
AMA FINANCIAL SERVICES, INC.

05 APR 18 AM 8:27

Principal Place of Business	Mailing Address
1715 N. WESTSHORE BLVD SEVENTH FLOOR TAMPA, FL 33607 US	1715 N. WESTSHORE BLVD SEVENTH FLOOR TAMPA, FL 33607 US

REINSTATEMENT 04-05

2. Principal Place of Business	3. Mailing Address
1715 N WESTSHORE BLVD.	1715 N WESTSHORE BLVD
Suite, Apt. #, etc. SUITE 753	Suite, Apt. #, etc. SUITE 753
City & State TAMPA, FL	City & State TAMPA, FL
Zip / Country 33607 / US	Zip / Country 33607 / US

4. FEI Number
59-3295795
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NOE, DAVID 3301 BAYSHORE BLVD., #1909 TAMPA, FL 33629	Name: DAVID NOE Street Address (P.O. Box Number is Not Acceptable): 4120 W SAN JUAN City: TAMPA FL Zip Code: 33629

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 3/14/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P NOE, DAVID 28100 US HWY 19 N #509 CLEARWATER, FL 33761	☐ Delete	TITLE P / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition DAVID NOE 1715 N WESTSHORE BLVD, SUITE 753 TAMPA, FL 33607
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100053937631 05/06/05--01009--016 **308.75
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 3/14/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #