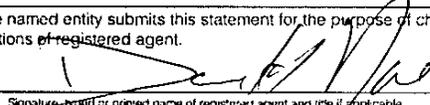
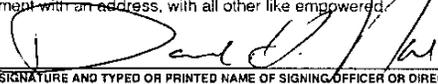


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000079434 1. Entry Name AMA FINANCIAL SERVICES, INC.				05 APR 18 AM 8:27 TAMPA, FLORIDA	
Principal Place of Business 1715 N. WESTSHORE BLVD SEVENTH FLOOR TAMPA, FL 33607 US		Mailing Address 1715 N. WESTSHORE BLVD SEVENTH FLOOR TAMPA, FL 33607 US			
2. Principal Place of Business 1715 N WESTSHORE BLVD.		3. Mailing Address 1715 N WESTSHORE BLYD			
Suite, Apt. #, etc. SUITE 753		Suite, Apt. #, etc. SUITE 753			
City & State TAMPA, FL		City & State TAMPA, FL		4. FEI Number 59-3295795	
Zip 33607		Country US		Applied For Not Applicable	
Zip 33607		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NOE, DAVID 3301 BAYSHORE BLVD., #1909 TAMPA, FL 33629			7. Name and Address of New Registered Agent 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  3/14/05 <small>Signature must be printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 <input type="checkbox"/> Delete NOE, DAVID 28100 US HWY 19 N #509 CLEARWATER, FL 33761	TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	DAVID NOE 1715 N WESTSHORE BLVD, SUITE 753 TAMPA, FL 33607		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  3/14/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

REINSTATEMENT

04-05

