

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 APR 10 PH 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P440000 81323*

1. Corporation Name

AMOR ENTERPRISES, INC

2. Principal Office Address

3471 N. FEDERAL HWY

Suite, Apt. #, etc.

#600

City & State

FORT LAUDERDALE, FL

Zip

33306

Country

USA

3. Mailing Office Address

3471 N. FEDERAL HWY

Suite, Apt. #, etc.

#600

City & State

FORT LAUDERDALE, FL

Zip

33306

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-0134773

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

JOSEPH DE GANGE

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

3471 N. FEDERAL HWY

Suite, Apt. #, Etc.

#601

City

FORT LAUDERDALE, FL

State
FL

Zip Code

33306

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

Joseph DeGange

REGISTERED AGENT MUST SIGN

Date

4/1/02

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
D	<i>JAMES SATLER</i>	<i>1628 N. KEO HWY</i>	<i>FORT LAUD FL 33305</i>
P	<i>ROBERT M. ROSELLI</i>	<i>3471 N. KEO. HWY</i>	<i>FORT LAUD FL 33306</i>

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:

Michael

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/1/02 934568-0700

Daytime Phone #

CR2E031 (9/01)