

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

4,915.⁰⁰
1,050.⁰⁰

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P95000004356**

1. Corporation Name
AMERIPAGE, INC.

97 DEC 19 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**7750 NORTHWEST 103 STREET, SUITE 202
HIALEAH GARDENS FL 33016**

Mailing Address
**7750 NORTHWEST 103 STREET, SUITE 202
HIALEAH GARDENS FL 33016**



REINSTATEMENT *911-97*

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

01/18/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0547437

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	THOMPSON, DOUGLAS K	7750 NORTHWEST 103 STREET, SUITE 202	HIALEAH GARDENS FL 33016
V	THOMPSON, Gertrude	7750 NW 103 ST #202	HIALEAH GARDENS FL 33016

300002383983-7

12/29/97-01002-003

***915.00 ***915.00

JPB
12-22-97

8. Name and Address of Current Registered Agent

**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

9. Name and Address of New Registered Agent

Name **Douglas Thompson**
Street Address (P.O. Box Number is Not Acceptable)
6043 NW 167th Street #A17
Suite, Apt. #, Etc.

City **MIAMI**

State **FL** Zip Code **33015**

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

REGISTERED AGENT MUST SIGN

Date **11/20/97**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/97
Date

305-556-2211
Daytime Phone #

CR2E040 (7/96)