PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

97-99 AR

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 NOV 23 AM 11:32

DOCUMENT # P95000026137

1. Corporation Name
A.M.P.B INC

Principal Place of Business
641 - NE 28ST
Pompano Beach, FL 33064

Mailing Address

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida 4-3-1995

5. FEI Number 65-0579525 ☑ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
	[illegible]	14118-71st Pl N	Loxahatchee, FL
	[illegible]	14118-71st Pl N	Loxahatchee, FL
	[illegible]	14118-71st Pl N	Loxahatchee, FL
	[illegible]	14118-71st Pl N	Loxahatchee, FL

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****473.75 ****473.75

8. Name and Address of Current Registered Agent

[illegible]
14118 71st Pl N
Loxahatchee, FL 33470

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

CR2E08* (12/98)

10. I hereby 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 [signature] Date 11-16-99
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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] (PRES) 11-16-99 (954) 946-5905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

1 AD

11-16-99

To whom it May Concern;

I'm writing this letter requesting a little help in the reinstating of my corporation. It has come to my attention that it was revoked while I was going through a bitter divorce. My ex-wife was fighting me for everything including my business and unfortunately I never recieved the papers because she was grabbing all my mail and destroying it. I wish my accountant had been a little more thorough in his bookkeeping to say the least & I paid the fee but at any rate I was hoping to get some relief from the State if not all possible. I realize that I have to pay all the years that I didn't file which is understandable, and I realize its my own fault for not keeping close enough tabs on my business and accountant but as bitter of a divorce as mine was, I'm lucky to still have my sanity. Again anything that could be done would be greatly appreciated

Thank you in this matter

Sincerely,

Pete Silvestre