

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P95000035120**

1. Corporation Name

AMPERE ENTERPRISES, INC.

FILED

96 NOV 22 AM 11: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

527 RAMBLEWOOD DRIVE
CORAL SPRINGS FL 33071

Mailing Address

527 RAMBLEWOOD DRIVE
CORAL SPRINGS FL 33071

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

04/28/1995

5. FEI Number

65 -- 0585762

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
D / P	LORD, URBAN	527 RAMBLEWOOD DRIVE	CORAL SPRINGS FL 33071
D / VP	RICHARDSON, JIMMY L	1920 NW 47TH AVE	LAUDERHILL FL 33313
			100002014321--9
			-11/26/96--01099--009
			***375.00 ***375.00

8. Name and Address of Current Registered Agent

ESSEBERG, STEVEN E
3109 STIRLING ROAD
SUITE 101
FT LAUDERDALE FL 33312

9. Name and Address of New Registered Agent

Name **CARL S. PITZER**
Street Address (P.O. Box Number is Not Acceptable)
7380 WEST ATLANTIC BOULEVARD
Suite, Apt. #, Etc.
City **MARGATE** State **FL** Zip Code **33063**

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

Carl S. Pitzer **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date **SEPTEMBER 20th, 1996**

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:

Urban Lord **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

Daytime Phone #