

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR 16 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000040057

1. Corporation Name

AMWils Corporation, Inc.

2. Principal Office Address - No P.O. Box #
11322 State Road 84

3. Mailing Office Address
11322 State Road 84

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Davie, FL

City & State
Davie, FL

Zip Country
33322 USA

Zip Country
33322 USA

200145935502
03/16/09--01034--021 **1200.00
REINSTATEMENT 02-09

4. Date Incorporated or Qualified
To Do Business in Florida 5/19/95

5. FEI Number
65-0534747

Applied For
Not Applicable

6. ~~CERTIFICATE OF STATUS REQUIRED~~ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Delores Y. McKinley

Street Address (P.O. Box Number is Not Acceptable)
1630 N W 26 Terrace

Suite, Apt. #, Etc.

City State Zip Code
Ft. Lauderdale FL 33311

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 Delores Y. McKinley
REGISTERED AGENT MUST SIGN

Date March 11, 2009

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
P	Arthur J. Wilson	1260 N W 79 Avenue	Plantation, FL 33322
VP	Mildred T. Wilson	1260 N W 79 Avenue	Plantation, FL 33322

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 contained in Chapter 119, 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: Arthur J. Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-09

Date

954-473-8058

Daytime Phone #