PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

98-99AR

FILED

99 FEB -8 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000046233

1. Corporation Name

AMY'S TRANSFER INC

Principal Place of Business	Mailing Address
10870 NW 17 St Miami, FL 33126	PO BOX 832465 Miami FL 33283

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6-12-1965
		5. FEI Number
City & State	City & State	59-2591554 · Applied For / Not Applicable
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)

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
President	SERGIO L GOMEZ	10870 NW 17 St	Miami, FL 33126
			9000027713131—8 -02/10/99--01042--008 ****300.00 ****300.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
	Name AMARILIS GOMEZ Street Address (P.O. Box Number is Not Acceptable) 14202 NW 48 LN Suite, Apt. #, Etc. City MIAMI · State FL · Zip Code 33315

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 1-25-99

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-99   Date   305 392 5704   Daytime Phone #

CR2E081 (12/98)