PLEASE REA	D ALL INSTF	RUCTIONS BEFORE	<u>E C</u> OMPLET	ING THIS FOR	М.	
APPLICATION (**)	<b>2</b> (2)	DEPARTMENT OF STA	TE		(1)	
FOR		andra B. Mortham Secretary of State		•		
	DIVI	ISION OF CORPORATIONS	•	<b>*</b>		
DOCUMENT # P95000046967				FILED 96 OCT 21 PM 12: 23		
1. Corporation Name  ADMINISTRATIVE MANAGE	MENT INC					
ADMINISTRATIVE MANAGE	IMENT, INC.		SECRE TALLAI	TARY OF STATE HASSEE, FLORIDA		
Principal Place of Business	Mailing Addres		•			
4206 SHERRI COURT LAKE WORTH FL 33461	COURT FÉ 33461					
If above addresses are incorrect in any way, lin	e through incorrect info	ormation and enter correction below	w.			
2. New Principal Office Address, If Applicable 640 NW 49 AVE	Office Address, If Applicable	Date Incorp     To Do Busin	Date Incorporated or Qualified     To Do Business in Florida     06/13/1995			
Suite, Act. #, etc.	etc. 5 € E			Applied For		
City & State	City & State	ne	15-	05726	Not Applicable	
Zip 33063 Country WARE	Zip Zip	Country	6. CERTIFICATI	E OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer		la nonprofit corporations must list a	at least 3 directors)			
Title(s) Name of Officers and/or Directors	Street Address of Each Officer and/or Director City / State / Zip (Do NOT Use Post Office Box Numbers) 4		/ State / Zip			
PS LOVE, LISA		4206 CHERRI COURT	·	LAKE WORTH FL 3	3461	
		640 NW 49 A	VE	COCONUT	CREEK, FL	
	j				33063	
			20	10001981 -10/25/96-	66720 -01111-004	
				****225.0		
			A	1 010		
				X NXIV		
			1 Ly	Mx/		
8. Name and Address of Curr	ent Registered Agent		9. Name and	Modern Control of New Registers	ed Agent	
LOVE, USA				s A	ád.	
4206 SHERRI COURT	Street Addre	LOVE, LISA Street Address (P.O. Box Number is Not Acceptable)				
LAKE WORTH FL 33461		Suite, Apt. #,		47 RIE		
	<b>A</b>	City CO	CANIE	n pr. / Si	tate Zip Code L 33063	
10. I, being appointed the registered agent of the	aboya named corpora	tion, am familiar with and accept the	ne obligations of Secti	on 607.0505, F.S.	L 33063	
Signature of Registered Agent	REGISTERED AGEN	ALLU VI MUST SIGN		Date 9/2	4/96	
11. Does this corporation par Dept. of Revenue under	y any intangib	ole tax to the	es 🗆 No 🗘		side for information ntangible tax.)	
12. I certify that I am an officer or director or the rethis reinstatement application, the reason for cowed by the corporation have been paid and on this application is true and accurate, and make the component of the results of the corporation.	fissolution has been eli the names of individual	iminated, the corporate name satis Is listed on this form do not qualify	sfies the requirements of for an exemption und	of section 607,0401 or 61	7.0401. F.S., that all fees	
SIGNATURE:		2/1/2	9/2	4/96	#978 2386	
SIGNATURE AND TYPED OF	PRINTED NAME OF SIG	NING OFFICER OR DIRECTOR		Date	Daytime Phone #	

(Z)

## Administrative Management, Inc. 640 N.W. 49th Avenue Coconut Creek, Florida 33063 (954) 978-2386

September 20, 1996

Department of State
Division of Corporations (Reinstatements)
P.O. Box 6327
Tallahassee, FL 32314-6327

RE:

Administrative Management, Inc. Document No. P95000046967

To whom it may concern:

Enclosed please find our Application for Reinstatement along with our check for \$225.00. Our original Annual Corporate Report was mailed in May 1996, but returned on 5/24/96 and 6/11/96 for missing signatures. The report was returned in June 1996, but not received by your office.

Upon calling your office today, I was told to send my check for \$225.00, along with my Reinstatment and this letter. Please call me with any questions in this regard.

Sincerely,

President

/II via U.S. Mail (with enclosures)