

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Andrea R. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PA5600047801**

1. Corporation Name

A.M.P. Enterprises Inc.

Principal Place of Business

Mailing Address

**508 Hendricks Isle, STE. 4 (SAME)
Fort Lauderdale, FL 33301**

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 Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

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)

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
PSD	Bernard Yates	508 Hendricks Isle	Fort Lauderdale, FL 33301
			8000002369888-1
			-12/11/97--01095--015
			****915.00 ****915.00

8. Name and Address of Current Registered Agent

**Bernard Yates
508 Hendricks Isle, Ste. 4
Fort Lauderdale, FL 33301**

9. Name and Address of New Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Barbara A. Burke

REGISTERED AGENT MUST SIGN

BARBARA A. BURKE

SPECIAL ASSISTANT SECRETARY

Date

11-7-97

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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

BERNARD YATES

Barbara A. Burke

11/2/97

954-573-1295

CB2E040 (12/95)

Document Number Only

C T Corporation System

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301

City

State

Zip

Phone

CORPORATION(S) NAME

A.M.P. Enterprises Inc.

☐ Profit

☐ NonProfit

☐ Limited Liability Company

☐ Foreign

☐ Amendment

☐ Dissolution/Withdrawal

☐ Merger

☐ Mark

☐ Limited Partnership

☒ Reinstatement

☐ Limited Liability Partnership

☐ Certified Copy

☐ Annual Report

☐ Reservation

☐ Photo Copies

☐ Other

☐ Change of R.A.

☐ Fictitious Name

☐ CUS

☐ Call When Ready

☒ Walk In

☐ Mail Out

☐ Call if Problem

☐ Will Wait

☐ After 4:30

☒ Pick Up

Name

Availability

Document

Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier

12/2

PLEASE RETURN EXTRA COPY(S)
FILE STAMPED

File 1st

12-2-97

RECEIVED
57 DEC -2
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

November 14, 1997

A.M.P. ENTERPRISES INC.
508 HENDRICKS ISLE
STE. 4
FT. LAUDERDALE, FL 33301

SUBJECT: A.M.P. ENTERPRISES INC.
Ref. Number: P95000047801

We have received your document for A.M.P. ENTERPRISES INC. and check(s) totaling \$915.00. However, your check(s) and document are being returned for the following:

The name of the above listed entity is no longer available. Please file an amendment changing the name of this entity. The amendment filing fee is \$35.00.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Sean Toner
Senior Section Administrator

Letter Number: 997A00054845