

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 FEB 27 PM 12:51

SECRET
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 095000047801

1. Corporation Name

A.M.P. ENTERPRISES & INVESTMENTS, INC.

2. Principal Office Address

P.O. BOX 10

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

Zip 33301

Country USA

3. Mailing Office Address

P.O. BOX 10

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

Zip 33301

Country USA

REINSTATEMENT

CR2E081 (12/05)

2006

4. Date Incorporated or Qualified
To Do Business in Florida

JUNE 16, 1995

5. FEI Number

NOT APPLICABLE

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

PLANTATION

State FL

Zip Code 33324

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

Conni Bay Special Agent
REGISTERED AGENT MUST SIGN

Date 2/27/06

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
<u>P</u>	<u>BERNARD YATES</u>	<u>PLANTA 4 - # 2, EDIFICIO, IBERIA, PLAYA LAVANTE</u>	<u>ALICANTE, SPAIN</u>
<u>V</u>	<u>RICHARD LLOYD</u>	<u>PLANTA 4 - # 2, EDIFICIO, IBERIA, PLAYA LAVANTE</u>	<u>ALICANTE, SPAIN</u>

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:

BERNARD YATES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

02/22/06

Daytime Phone #

954-766-6244