


# 1996 ANNUAL REPORT

APPLICATION FOR REINSTATEMENT		 <b>FLORIDA DEPARTMENT OF STATE</b> DIVISION OF CORPORATIONS		APPROVED AND FILED  JUN 20 AM 12:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT #</b> <u>P95000061704</u>				<b>800001875458</b> <b>800001875458</b> -06/25/96--01144--006 *****239.75 *****239.75	
<b>1. Corporation Name</b> A.M.M. & Sons, Inc.					
<b>Mailing Address</b> <b>Principal Place of Business</b> c/o Anthony M. Manguart 1428 Brickell Avenue Main Floor Miami, FL 33131					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
<b>2. New Mailing Address, If Applicable</b> Suite, Apt. #, etc. City & State Zip      Country		<b>3. New Principal Office Address, If Applicable</b> Suite, Apt. #, etc. City & State Zip      Country		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 8/8/95  <b>5. FEI Number</b> 65-0602673 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
				<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	
<b>7. Names and Street Addresses of Each Officer and/or Director</b> (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
D	Anthony M. Manguart	1428 Brickell Avenue, Main Floor	Miami, FL 33131		
D	Lillian Manguart	1428 Brickell Avenue, Main Floor	Miami, FL 33131		
<b>8. Name and Address of Current Registered Agent</b> Julio E. Manguart 1428 Brickell Avenue Main Floor Miami, FL 33131			<b>9. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City      State      Zip Code FL		
<b>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.</b> Signature of Registered Agent <u>Julio E. Manguart</u> Date <u>6/4/96</u> REGISTERED AGENT MUST SIGN					
<b>11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box</b> <input type="checkbox"/> (See other side for additional information.)					
<b>12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
<b>13. 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.</b>					
<b>SIGNATURE:</b> <u>XY Manguart</u> , Lillian Manguart      6/4/96      (305) 372-8889 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #					

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