PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

96 DEC 31 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000074445

1 Corporation Name

AMC MARKETING ENTERPRISES, INC.

Principal Place of Business / Mailing Address

5856 MASSACHUSETTES AVE.
NEW PORT RICHEY, FL 34652

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

2 New Principal Office Address, If Applicable
Suite, Apt. #, etc
City & State
Zip / Country

3 New Mailing Address, If Applicable
Suite, Apt. #, etc
City & State
Zip / Country

4 Date Incorporated or Qualified To Do Business in Florida
9/25/95

5 FEI Number
59-3301602
Applied For
Not Applicable

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
O	AUSTIN F. RYDER, JR.	5856 MASSACHUSETTES AVE.	New Port Richey, FL 34652
O	FLORENCE C. BONADUCE	13222 Brutus Dr.	Hudson, FL 34667

900002046159--7
01/06/97--01003--013
****375.00 ****375.00

REINSTATEMENT 1996

8. Name and Address of Current Registered Agent

AUSTIN F. RYDER, JR.
5856 MASSACHUSETTES AVE.
NEW PORT RICHEY, FL 34652

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City / State: FL / Zip Code

12/31/96

CR2E040 (12/95)

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: Austin F. Ryder Jr. — REGISTERED AGENT MUST SIGN — Date: 12-21-96

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: Austin F. Ryder Jr. Austin F. Ryder 12-21-96 813-846-8979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #