

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine H. ...
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 95 0000 85 014

1. Corporation Name
AMET Group Inc.

Principal Place of Business
4985 N. STATE RD. 7
TAMARAC, FL 33319

Mailing Address
4985 N. STATE RD. 7
TAMARAC, FL 33319

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 Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 11-6-95	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0630814	
City & State		City & State		Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> SR 7. A fee of \$300.00 is 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)	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/P	DOV MARKOVICH	256 NW 107TH CORAL SPRINGS, FL 33071	

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name DOV MARKOVICH	
Street Address (P.O. Box Number is Not Acceptable) 256 NW 107TH	
Suite, Apt. #, Etc.	
City TAMARAC	State FL Zip Code 33319

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

REGISTERED AGENT MUST SIGN

Date 10/28/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOV MARKOVICH

Date

Daytime Phone #

10/28/99 954-777-3399

KE

CR2001 (12/98)

October 27, 1999

DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN,

ENCLOSED PLEASE FIND OUR "APPLICATION FOR REINSTATEMENT" & OUR CHECK FOR \$ 300 .- DUE THE FACT THAT WE CHANGED ADDRESSES EARLIER FROM TRITON COURT, BOCA RATON, FL TO 4985 N. S.R#7, TAMARAC, FL WE NEVER RECEIVED THE ANNUAL CORPORATION RENEWAL. UNDER THESE CIRCUMSTANCES WE WOULD APPRECIATE WAIVING OF THE ADDITIONAL FEES TO REINSTATE THE CORPORATION. OUR CORPORATION HAS FILED ALL TAX RETURNS (FEDERAL/STATE) ON A TIMELY BASIS.
SINCERELY.

DOV MARKOVICH
PRESIDENT
AMET GROUP INC.