

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR 97-98  
REINSTATEMENT



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

APPROVAL  
AND  
FILED

93 JAN -9 PM 1:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000011390

1. Corporation Name

AMERICAN MALLS INTERACTIVE, INC.

Principal Place of Business

313 WILLIAMS STREET (REAR)  
KEY WEST FL 33040

Mailing Address

313 WILLIAMS STREET (REAR)  
KEY WEST FL 33040

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

c/o Robert A. Singer

Suite, Apt. #, etc.

1000 Potomac St, NW, Ste 200

City & State

Washington, D.C.

Zip

20007

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

02/02/1996

5. FEI Number

52-1965076

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
D P	MILLER, HERBERT S	2000 P STREET NW Suite 200 1000 Potomac St, NW	WASHINGTON DC 20007
D	MILLER, PATRICE R	2000 P STREET NW Suite 200 1000 Potomac St, NW	WASHINGTON DC 20007
T/S	Robert A. Singer	Suite 200 1000 Potomac St, NW	Washington, DC 20007
V	Vacancy	Suite 200 1000 Potomac St, NW	Washington, DC 20007

REINSTATEMENT 97-98

G. Alan

8. Name and Address of Current Registered Agent

OT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Jan. 9, 1998

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*[Signature]*

ASSGT SEC

Date 1-6-98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

part owe

(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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/98

(202) 338-5200

CR2040 (9/97)