

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

RECEIVED

99 MAR 31 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA10000013573

1. Corporation Name

Am Greco Inc

Principal Place of Business

Mailing Address

6934 Sunrise Ct
Coral Gables FL 33133

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

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

1996

5. FEI Number

650658756

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D.	<u>Maria T. Greco</u>	<u>6934 Sunrise Ct</u>	<u>C. Gables, FL 33133</u>
V.	"	"	<u>600002882836-2</u>
S.	"	"	<u>-04/07/99--01079--013</u>
T.	"	"	<u>***900.00 ***900.00</u>

8. Name and Address of Current Registered Agent

Maria T. Greco
6934 Sunrise Ct
Coral Gables FL 33133

9. Name and Address of New Registered Agent

Name Maria T. Greco
Street Address (P.O. Box Number is Not Acceptable) 6934 Sunrise Ct
Suite, Apt. #, Etc. Coral Gables
City Coral Gables
State FL Zip Code 33133

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]
REGISTERED AGENT MUST SIGN

Date

3-29-99

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

[Signature]
Maria T. Greco

03-29-99
Date

305 661 4254
Daytime Phone #

CG2E001 (12/98)