

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 DEC -4 PM 4:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000029409

1. Corporation Name

AMERICAN MODEL 2000, INC.

Principal Place of Business

Mailing Address

14596 BELMONT TRACE
WELLINGTON FL 33414

14596 BELMONT TRACE
WELLINGTON FL 33414



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

04/02/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0694265

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

Zip

Country

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	MICK, KATHY E	14596 BELMONT TRACE	WELLINGTON FL 33414

100002713121--7
-12/15/98--01073--004
****150.00 ****150.00

12/14

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

EDGAR, CHARLES W III
LEVINE, FRANK & EDGAR, P.A.
3300 PGA BLVD., STE. 500
PALM BEACH GARDENS FL 33410

Name

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid 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)(f), 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:

KATHY EVERETT MICK
Kathy Everett Mick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-10-98 561-7950004

CR2E040 (9/98)

Lean Toner:

Thank You
this is a very
special
letiquette &
finishing
program.

Thank You so much
for your quick response.
This is important to
me and honestly this
was mailed twice.

I am sending this
with a required signature.
My (mother) just died and my
daughter just had surgery and
I do not need any more
heartbreak. Please attend to
this as soon as you are able.
Thank You