

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 SEP -4 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000031877

1. Corporation Name

AMA OF SOUTH FLORIDA, INC.

000007629630--0
-09/10/02--01037--005
****900.00 ****900.00

2. Principal Office Address

200 S. BISCAYNE BOULEVARD

3. Mailing Office Address

200 S. BISCAYNE BOULEVARD

Suite, Apt. #, etc.

SUITE 900

Suite, Apt. #, etc.

SUITE 900

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33131

Country

USA

Zip

33131

Country

USA

REINSTATEMENT 01-02

4. Date Incorporated or Qualified
To Do Business in Florida

APRIL 11, 1996

5. FEI Number

650661021

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CORPDIRECT AGENTS, INC.

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

103 NORTH MERIDIAN STREET

Suite, Apt. #, Etc.

LOWER LEVEL

City

TALLAHASSEE

State

FL

Zip Code

32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

CORPDIRECT AGENTS, INC.

Its Agent

Cynthia A. Hicks

Cynthia A. Hicks

REGISTERED AGENT MUST SIGN

Date

9-4-02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPS	LUZINSKI, JOSEPH	200 S. Biscayne Blvd, Suite 900	Miami, Florida 33131-2321

10. 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:

Joseph Luzinski

JOSEPH LUZINSKI, PRESIDENT

305-374-2717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

25 8/4/02