PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

99 APR 30 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000039065

1. Corporation Name

A.M.H. Enterprises Inc.

Principal Place of Business

Mailing Address

REINSTATEMENT 98-99

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

2. New Principal Office Address, If Applicable
968 W Hallandale Beach Blvd.
Suite, Apt. #, etc.
City & State
Hallandale, FL
Zip 33009
Country Broward

3. New Mailing Office Address If Applicable
(same)
Suite Apt #, etc
City & State
Zip
Country

4. Date Incorporated or Qualified To Do Business in Florida: 5/7/1996

5. FEI Number: 65-0755401
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X]
$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
P D	Alvaro Morales	968 W Hallandale Beach Blvd.	Hallandale, FL 33009

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****908.75 ****908.75

8. **Name and Address of Current Registered Agent**

Ruiz Humberto E
2200 Corporate Blvd. #312
Boca Raton, FL 33431

9. **Name and Address of New Registered Agent**

Name
Aida Posadas
Street Address (P O Box Number is Not Acceptable)
959 Azure Ln
Suite, Apt #, Etc
City
Weston
State FL
Zip Code 33326

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 4/28/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes [X] 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] Alvaro Morales
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99
Date

(954)458-8412
Daytime Phone #

CR2E081 (2/99)