12/08/98 TUE 18:08 FAX 954 523 1722 GUNSTER, YOAKLEY, VALDES APPROVED 002

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
H98000022840
1998 DEC -8 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000069754

1. Corporation Name

Amherst Corporation

Principal Place of Business / Mailing Address

2800 West Oakland Park Blvd.
Suite 201
Oakland Park, FL 33311

REINSTATEMENT '98

SCC 12-8-98

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: August 16, 1996

5. FEI Number: 65-0691194 ☐ 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
P/D	Robert Silverman	3201 N. Federal Hwy Suite 201	Ft. Lauderdale, FL 33306
V/D/T	Bruce Kramer	3201 N. Federal Hwy Suite 201	Ft. Lauderdale, FL 33306
V/D	Kent Linder	3201 N. Federal Hwy Suite 201	Ft. Lauderdale, FL 33306
V/D/S	Michael Braun	12400 Biscayne Blvd.	North Miami, FL 33181

8. Name and Address of Current Registered Agent

Robert Sandler
3201 N. Federal Hwy
Suite 201
Ft. Lauderdale, FL 33306

9. Name and Address of New Registered Agent

Name: Robert Silverman
Street Address (P.O. Box Number is Not Acceptable): 3201 N. Federal Hwy
Suite, Apt. #, etc.: Suite 201
City: Ft. Lauderdale | State: FL | Zip Code: 33306

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: 11/24/98

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)(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] Vice President 11/24/98 407-281-4828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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