

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JUN -4 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name **A G M Management Incorporated**

2. Principal Office Address
1025 North Flagler Dr

Suite, Apt. #, etc.

City & State
West Palm Beach, FL

Zip Country
33401 USA

3. Mailing Office Address
1025 North Flagler Dr

Suite, Apt. #, etc.

City & State
West Palm Beach, FL

Zip Country
33401 USA

4. Date Incorporated or Qualified
To Do Business in Florida **11/22/1996**

5. FEI Number **65-0714572**
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

Andrew G. Merrey

Street Address (P.O. Box Number is Not Acceptable)
1025 North Flagler Drive

Suite, Apt. #, Etc.

City
West Palm Beach

State Zip Code
FL 33401

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

Andrew G. Merrey

REGISTERED AGENT MUST SIGN

Date **6-2-07**

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
D	Andrew G. Merrey	1025 North Flagler Drive	West Palm Beach, FL 33401

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:

Andrew G. Merrey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-2-07
Date

561-659-4546
Daytime Phone #

CR2E081 (9/01)