

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Kath  
Secretary of State  
DIVISION OF CORPORATIONS

82 UTSR

DOCUMENT #

P97000010489

1. Corporation Name

Amerope Investment Company

2. Principal Office Address

150 Commerce Road

Suite, Apt. #, etc.

3. Mailing Office Address

(Same)

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

City & State

(Same)

Zip

33426

County

Palm Beach

Zip

(Same)

Country

(Same)

4. Date Incorporated or Qualified  
To Do Business in Florida

2/03/87

5. FEI Number

13-2534419

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

A. Edward Testa

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

150 Commerce Road

500008725105

Suite, Apt. #, Etc.

10/31/02--01049--011 \*\*450.00

City

Boynton Beach

State

FL

Zip Code

33426

CR2E081 (9/01)

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

Date

REGISTERED AGENT MUST SIGN

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
Pres.	A. Edward Testa	150 Commerce Road	Boynton Beach, FL 33426

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: *A. Edward Testa* A. Edward Testa 10/29/02 561-737-7270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Amerope Investment Company  
150 Commerce Road  
Boynton Beach, Florida 33426

Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Annual Report Forms for 2000, 2001, and 2002

To Whom It May Concern:

Please send me a Reinstatement Form for the above Corporation.

We never received the forms since they were sent to the wrong address.

We understand that we owe \$450.00 for the above three years,

Your co-operation in this matter will be greatly appreciated.

Very truly yours,

  
A. Edward Testa  
President