

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 17 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA7000014097

1. Corporation Name

AmT Marketing Group, Inc

REINSTATEMENT 08-10

100172441601

03/17/10--01039--001 **450.00

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #

761 N.W. 4th Ct

Suite, Apt. #, etc.

3. Mailing Office Address

761 N.W. 4th Ct

Suite, Apt. #, etc.

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

33432

Country

USA

Zip

33432

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02-10-1997

5. FEI Number

65-0744237

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

Albert M Trombino

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

761 NW 4th Court

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33432

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 3-12-2010

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
<u>PRES</u>	<u>Albert Michael Trombino</u>	<u>761 N.W. 4th Ct</u>	<u>Boca Raton Fla 33432</u>

10. E-mail Address: amtrombino@aol.com

(To be used for future annual report notification)

11. 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. I further certify 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:

Albert M. Trombino 3/12/10 954-2756855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #