

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



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

FILED

01 MAR 30 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000024354

1. Corporation Name AMEXDO, INC.

2. Principal Office Address
4900 NW 15th STREET

3. Mailing Office Address
4900 NW 15th STREET

Suite, Apt. #, etc.
SUITE 4482

Suite, Apt. #, etc.
SUITE 4482

City & State
MARGATE FL

City & State
MARGATE FL

Zip
33063

Country
BROWARD

Zip
33063

Country
BROWARD

500003953305--9
-04/03/01--01066--004
*****900.00 *****900.00

4. Date incorporated or Qualified To Do Business in Florida
3-12-97

5. FEI Number
65-0737113

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Dolores K. Sanchez, P.A.
Street Address (P.O. Box Number is Not Acceptable)
4701 N. FEDERAL HIGHWAY
Suite, Apt. #, Etc.
SUITE 316 Box B-1
City
LIGHTHOUSE POINT
State
FL
Zip Code
33064

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 3-29-01
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-DIR	HILMAR SCHUSTER	5354 NW 57th WAY	CORAL SPRINGS FL 33067
			000003953300--5 -04/03/01--01066--003 *****8.75 *****8.75
			REINSTATEMENT 03/29/01 TS

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)(c), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 3-29-01 (954) 682-7891
Daytime Phone #