

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

pg 1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
2000URK
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 27 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *997000030458*

1. Corporation Name

AMKS, INC.

000003468790--5
-11/17/00--01067--015
****150.00 ****150.00

SP

2. Principal Office Address

7025 BEACHWAY, SUITE 207

3. Mailing Office Address

← SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL.

City & State

Zip

Country

Zip

Country

33486

4. Date Incorporated or Qualified
To Do Business in Florida

4/13/97

5. FEI Number

65-0750757

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

Annette Rogers

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

1020 NW 5th ST.

Suite, Apt. #, Etc.

City

BOCA RATON

State
FL

Zip Code
33486

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

[Signature]
REGISTERED AGENT MUST SIGN

Date *10/24/00*

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
<i>Pres.</i>	<i>Annette Rogers</i>	<i>1020 N.W. 5th ST. B/R, FL.</i>	

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/24/00

Daytime Phone #

954-725-0425
X210

CR2001 (9/99)

pg 292

10/24/00

Fla. Dept of State

Subject : AMKS, Inc.

FEI Number 65-0750757

This is a letter requesting for my corporation to be reinstated. My corporation did not receive a notice for the reinstatement. Kindly waive the charges that would normally apply in a late notification as a one time situation. I have contacted the office twice for the proper paperwork so I could complete as necessary. Enclosed you will find the completed form for my corporation.

Thanking you in advance.



Annette M. Rogers

AMKS, Inc.

President