

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 DEC 23 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P97000081512

1. Corporation Name

AMA Technologies, Inc

2. Principal Office Address

4480 King Street

3. Mailing Office Address

4480 King Street

Suite, Apt. #, etc.

Suite 605

Suite, Apt. #, etc.

Suite 605

City & State

Alexandria, VA

City & State

Alexandria, VA

Zip

22302

Country

USA

Zip

22302

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/14/86

5. FEI Number

54-1404358

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

Hazel Michelle Spaulding

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

1000 N. Ashley Drive, Suite 518

Suite, Apt. #, Etc.

City

Tampa

State
FL

Zip Code

33602

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

H. Michelle Spaulding
REGISTERED AGENT MUST SIGN

Date

12/19/02

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
CEO	Hazel Michelle Spaulding	4480 King Street Suite 605	Alexandria, VA 22302

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:

H. Michelle Spaulding
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/19/02

Daytime Phone #

703-824-6312

jr 12/30