
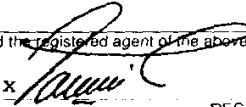



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS 1999	
DOCUMENT # P97000083421			
1. Corporation Name AMERIDORS CORP			
Mailing Address 6997 West 29 Ave, No. 105 Hialeah, FL 33018		Principal Place of Business Same	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Mailing Address, If Applicable Same as above		3. New Principal Office Address, If Applicable Same as above	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida Sept 26, 1997		5. FEI Number 65-0798728	
6. CERTIFICATE OF STATUS DESIRED []		Applied For Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida non-profit corporations must list at least 3 directors)		8. Name and Address of Current Registered Agent	
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P.T.D.	Domingo Lopez	6997 West 29 Ave, No. 105	Hialeah, FL 33018
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Domingo Lopez 6997 West 29 Ave, No. 105 Hialeah, FL 33018		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.		Date Mar 25, 1999	
Signature of Registered Agent X 		REGISTERED AGENT MUST SIGN	
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)			
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)			
13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: X 		Mar 25, 1999 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

99 MAR 31 PM 12:35

STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

\$8.75 Additional Fee required
for a Certificate of Status

200002832322-6

-04/07/99-01079-009

****900.00 ****900.00

CR2E040 (6-94)