

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P970000 97886**

1. Corporation Name

AMUSSCO INTERNATIONAL CORP

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

9900 SW 168 STREET 168 ST

Suite, Apt. #, etc.

#3

City & State

MIAMI FL

Zip

33157

Country

USA

3. Mailing Office Address

9900 SW 168 ST

Suite, Apt. #, etc.

#3

City & State

MIAMI FLORIDA

Zip

33157

Country

USA

7. Name and Address of Current Registered Agent

Name

SAMUEL AMUNE

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

11252 SW 164 Terrace

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33157

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 **9/25/08**

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
Mr	SAMUEL AMUNE	9900 SW 168 ST #3	MIAMI FL 33157

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 contained in Chapter 119, 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]* **SAMUEL AMUNE** **9/25/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** Date **305 234 9872** Daytime Phone #

FILED

08 SEP 29 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500136438255
09/29/08--01062--002 **900.00

REINSTATEMENT 07-08

4. Date Incorporated or Qualified
To Do Business in Florida

1997

5. FEI Number

65-0796641

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ 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.