

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 NOV -1 AM 9:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P980000 55 877

**1. Corporation Name**

AUTOMATED MANUFACTURING SYTEMS, INC.

**2. Principal Office Address**

515 SEABREEZE BLVD

Suite, Apt. #, etc.

# 524

City & State

FORT LAUDERDALE

Zip

33316

Country

BROWARD

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

6-23-1998

**5. FEI Number**

59-6257814

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

GEORGE CAMPBELL

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

8313 BOCA GLADES EAST

Suite, Apt. #, Etc.

City

BOCA RATON

State  
FL

Zip Code

33434

**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

G. Campbell

REGISTERED AGENT MUST SIGN

Date 10-29-2002

**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
P/D	George Campbell	8313 Boca Glade East	Boca Raton, FL 33434
VP/D	Chris Barton	1811 Lyons Rd.	Coconut Creek, FL 33003
S/D	Louise Prince	101 NE 51 ST	Ft. Lauderdale, FL 33334

**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:

G. Campbell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-29-02

Date

954-713 8160

Daytime Phone #

CR2E081 (9/01)

g 11/1/02