

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JAN -6 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000069932

1. Corporation Name

AME RISOFTECHNOLOGY GROUP, INC.

Principal Place of Business

Mailing Address

2520 N HWY 427, STE 172
LONGWOOD FL 32750

2520 N HWY 427, STE 172
LONGWOOD FL 32750



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
264 E Semoran Blvd

3. New Mailing Office Address, If Applicable
264 E Semoran Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Casselberry FL

City & State
Casselberry FL

Zip
32707

Country
USA

Zip
32707

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/06/1998

5. FEI Number

59-35272-22

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	KLEIN, HEIDI R	2500 HOWELL BRANCH, APT 233- 554 Sabal Palm Cir	WINTER PARK FL 32792- Altamonte Springs FL 327

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-01/12/00--01081--026
****900.00 ****900.00

REINSTATEMENT 99-00

TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KLEIN, HEIDI
2500 HOWELL BRANCH, APT 233
WINTER PARK FL 32792

554 Sabal Palm Cir
Altamonte Springs, FL 32701

Name

SANRA M. Roketa

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

38941 Forest Dr.

Suite, Apt. #, Etc.

City

East's

State

FL

Zip Code

32736

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.

Signature of
Registered Agent

Sanra M. Roketa

REQUIRED

Date Nov. 19 1999

REGISTERED AGENT MUST SIGN

11. 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 REQUIRED
Heidi R Klein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov. 19 1999 (407)831-7899
Date Daytime Phone #