

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -2 AM 9:14

DOCUMENT # *P 98000101199*

1. Corporation Name

AMANMARK, INC

800074527768
05/12/06--01025--021 **1050.00

REINSTATEMENT *00-06*

CR2E081 (12/05)

2. Principal Office Address

19886 DINNER KEY DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

19886 DINNER KEY DRIVE

Suite, Apt. #, etc.

City & State

BOCA RATON FL

Zip

33498

Country

USA

City & State

BOCA RATON FL

Zip

33498

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/30/1998

5. FEI Number

65-0878449

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

FRANK BRUEGGEMAN

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

19886 DINNER KEY DRIVE

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33498

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

Frank Brueggeman
REGISTERED AGENT MUST SIGN

Date

4/27/06

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
<i>D, P</i>	<i>FRANK BRUEGGEMAN</i>	<i>19886 DINNER KEY DRIVE</i>	<i>BOCA RATON, FL 33498</i>

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:

Frank Brueggeman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK BRUEGGEMAN

Date

4/27/06

Daytime Phone #

561 756 4189

April 27, 2006 .

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Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Amanmark, Inc

I have enclosed the Reinstatement Application for the above noted corporation along with a check for \$1,050. The above noted corporation received a admin dissolution on September 22, 2000. I am requesting a waiver of the reinstatement fee due to the fact that I moved on September 10, 1999 and did not receive the annual report notices in the year this corporation was dissolved at my new address. Thank you in advance for accepting this request for the waiver of the reinstatement fee.

Yours truly,
Frank Buerggeman, President
Amanmark, Inc