

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 17 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P990000006468

1. Corporation Name

AMIGOS VIII, INC.

2. Principal Office Address

255 S. ORANGE AVENUE

Suite, Apt. #, etc.

SUITE 1201

City & State

ORLANDO, FL

Zip

32801

Country

USA

3. Mailing Office Address

255 S. ORANGE AVENUE

Suite, Apt. #, etc.

SUITE 1201

City & State

ORLANDO, FL

Zip

32801

Country

USA

REINSTATEMENT

02-04

4. Date Incorporated or Qualified
To Do Business in Florida

01/21/99

5. FEI Number

59-3552791

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

J. BENNETT GROCOCK, P.A.

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

255 S. ORANGE AVENUE

Suite, Apt. #, Etc.

SUITE 1201

City

ORLANDO

State

FL

Zip Code

32801

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]

Date 11/12/04

REGISTERED AGENT MUST SIGN

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
D	ANDREW A. HYLTI	255 S. ORANGE AVE., STE. 1201	ORLANDO, FL 32801

900042830589
11/17/04--01033--020 **1050.00

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:

[Signature] ANDREW A. HYLTI

11/12/04 407-992-1104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2EG01 (01/04)