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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 SEP 11 AM 7:33

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000028217

1. Corporation Name

AM INVESTMENT GROUP, INC.

Principal Place of Business / Mailing Address

15102 NW 91st. Court
Miami mLakes, Fl 33018

REINSTATEMENT 00-01

If above addresses are incorrect in any way, stop through indicated information and enter correction below

2. New Principal Office Address, if Applicable	3. New Mailing Office Address, if Applicable
7006 SW 22 St.	7006 SW 22 St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Fl	City & State: Miami, Fl
Zip: 33155 Country: USA	Zip: 33155 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 03/29/1999

5. FEI Number: 65-0906237 — 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	Linda Perez	7008 SW 22 Street	Miami, Fl 33155

8. Name and Address of Current Registered Agent

Andres Mendez
15102 NW 91 Ct.
Miami Lakes, Fl 33018

9. Name and Address of New Registered Agent

Name: Linda Perez
Street Address (P.O. Box Number is Not Acceptable): 7008 SW 22 Street
Suite, Apt. #, Etc.:
City: Miami State: FL Zip Code: 33155

CR2E040 (1/99)

10. I being appointed registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN — Date: 9/5/01

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐ (See other side for information on Intangible tax.)

12. 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 as not liable for an examination 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] 9/5/01 (305) 266-45[illegible]23
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

AM INVESTMENT GROUP, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
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