

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000034241

1. Corporation Name

AMNIST CORPORATION

Principal Place of Business

1410 NW 14TH AVENUE
POMPANO BEACH FL 33069

Mailing Address

1410 NW 14TH AVENUE
POMPANO BEACH FL 33069

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/09/1999

5. FEI Number

65-0910827

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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 3	City / State / Zip 4
D	MISTRETTA, STEVE	6285 NW 104TH WAY	PARKLAND FL 33076

500008793175

11/04/02--01114--014 **150.00

8. Name and Address of Current Registered Agent

BAKER, ROBERT M
8181 W BROWARD BLVD.
SUITE 300
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E40 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-29-02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen W. Mistretta 10/28/02 954-2750052

Date

Daytime Phone #



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314



FIRST-CLASS MAIL
U.S. POSTAGE PAID
FLORIDA DIVISION OF CORPORATIONS
54321

TO:

0023763 AV **AUTO 15 0 0610 33069-191310
P99000034241
ANNIST CORPORATION
1410 NW 14TH AVENUE
POMPANO BEACH FL 33069-1913

10/28/02

To whom it May Concern:

This is the 1st UBR notice I received
for 2002.

Thank you for your understanding in this
matter.

Sincerely,
Steve Smith
President
DTHA/STC 2000