PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 SEP 19 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 00-02

DOCUMENT # P99000035553

1. Corporation Name

A.M.O. INVESTMENTS, INC.

2. Principal Office Address	3. Mailing Office Address
12221 SW 43 ST	12221 SW 43 ST
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: MIAMI, FL.	City & State: MIAMI, FL.
Zip: 33175 Country: DADE	Zip: 33175 Country: DADE

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-0910923 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: ANAMARIA FRAGA

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-09/24/02--01030--011
***1058.75 ***1058.75

Street Address (P O Box Number is Not Acceptable): 12221 SW 43 ST

Suite, Apt #, Etc

City: MIAMI State: FL Zip Code: 33175

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 _____ Date 07/01/02

REGISTERED AGENT MUST SIGN

CR2E061 (9/1/

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
DR/ PRES	ANAMARIA FRAGA	12221 SW 43 ST	MIAMI, FL. 33175

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: _____ ANAMARIA FRAGA 07/01/02 305-4800052

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #