

1082

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 18 AM 7:41

DOCUMENT # **P99000080386**

1. Corporation Name

A.M. 99, INC.

2. Principal Office Address

1706 ART MUSEUM DR.

Suite, Apt. #, etc.

ATTN: OFFICE

City & State

JAX., FL.

Zip

32207

Country

USA

3. Mailing Office Address

1706 ART MUSEUM DR.

Suite, Apt. #, etc.

ATTN: OFFICE

City & State

JAX., FL.

Zip

32207

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1-0/31-99

5. FEI Number

59-3597840

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

JACK BARNETTE

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

12146 MANDARIN RD.

Suite, Apt. #, Etc.

City

JACKSONVILLE

State
FL

Zip Code

32223

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

J BARNETTE / PRESIDENT

REGISTERED AGENT MUST SIGN

Date **4/26/04**

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
PRESIDENT	JACK BARNETTE / PRESIDENT SECRETARY	12146 MANDARIN RD	JAX. FLA. 32223

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:

J BARNETTE / PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04

Date

904-396-9558

Daytime Phone #

Attachment for

99-80386

2 of 2

April 5, 2004

Brenda Tadlock
Senior Section Administrator
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Letter Number: 504A00015250

I am writing in response to the above mentioned letter. I am informing you that I did not receive the form for the 2003 filing and am respectfully requesting that you send that form.

The form needing to be sent is for filing the annual report for the corporation listed below:

A.M. 99, Inc. Tax I.D. # 59-3597840

Again I did not receive the form for filing and would appreciate you sending that. Please mail to my attention at the address listed below attention : Jack Barnette

Thank you,

J. BARNETTE

Jack Barnette
President, A.M. 99, Inc.
Attention Office
1706 Art Museum Drive
Jacksonville, Florida 32207

Sent Via Certified Mail : 7002 2030 0001 7169 5809