PLEASE READ A	ALL INSTRUCTIONS IN	FORE COMPLET	NG THIS FOR	<b>42</b>	
APPLICATION		OF STATE	PO	V	
DEINSTATEMENT	Secretary or State DIVISION OF CORPORATION	_	LED		
DOCUMENT # P99000102194		,	00 OCT 19 PM 3: 20		
1. Corporation Name  A.M.F. EXECUTIVE CORP.		SECRETA	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business Mailing Address		TALLAHA	PALLANASSEL, LOSS		
-8750-SW-213T-STREET MIAMI-FL-33165	ST-STREET 8750 SW-21ST STREET				
If above addresses are incorrect in any way, line throw  2. New Principal Office Address, If Applicable  2. OURT  Suite, Apt. #, etc.	ugh incorrect information and enter correct 3. New Mailing Office Address, If Appli Suite, Apt. #, etc.	icable 4. Date Incorp	orated or Qualified ness in Florida 11/22/	1999	
City & State  MIAMI FL  Zip 33/65 Country  Country	City & State  LTAUT  Zip  Country  DANA	5. FEI Number	7962316 58.75 Ad	Applied For  Not Applicable  ditional Fee required ertificate of Status	
7. Names and Street Addresses of Each Officer and/o Name of Officers	Street A	Address of Each			
Title(s) and/or Directors	2 3		4		
FERNANDEZ, ANA MARIA	- <del>8750 SW 21ST STR</del>	<b>EET</b>	MIAMI FL 33165		
P	2960 SN	1109 COURT		·	
-		4	000034479 -11/02/00010 ****150.00 *	341 01019 ***150.00	
		O Name and	Address of New Projects and Appen	SP	
8. Name and Address of Current Registered Agent  9. Name and Address of New Registered Agent  Name  TOR A LAALN TO AND TOLERA					
FERNANDEZ, ANA MARIA 8750 SW 21ST STREET MIAMI FL 33165		treet Address (P.O. Box Number	is Not Acceptable)	ARIA (1008) OPOZES	
10. I, being appointed the registered agent of the above hamed corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  Signature of					
Registered Agent REGISTERED AGENT MUST SIGN					
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: 5/10/5/15/15/15/15/15/15/15/15/15/15/15/15/1					
AGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF CER OR DIRECTOR Date Daytime Phone #					

OCTOBER 16, 2000

DIVISION OF CORPORATIONS ANNUAL REPORT/REINSTATEMENT SECTION P.O. BOX 6327 TALLAHASSEE, FL. 32314-6327

RE: A.M.F. EXECUTIVE CORP. DOCUMENT # P99000102194 F.E.I. # 65-0962316

TO WHOM IT MAY CONCERN:

I HAVE RECEIVED FOR THE FIRST TIME AN APPLICATION FOR REINSTATEMENT. I NEVER RECEIVEDA FIRST NOTICE FOR APPLICATION.

I ESTABLISHED THE CORPORATION IN NOVEMBER, 1999, AND I WAS NOT AWARE OF THE FILING DEADLINE. I KINDLY ASK THAT YOU WAVE THE LATE APPLICATION FEE FOR THIS ONE TIME AND ACCEPT THE CHECK FOR (\$150.00). I ASSURE YOU MY YEARLY APPLICATION WILL NOT BE LATE AGAIN.

PLEASE CHANGE ADDRESS-70:

A.M.F. EXECUTIVE, CORP.

2960 S.W. 109 COURT-MIAMI, FLORIDA 33165

THANK YOU FOR YOUR KIND ATTENTION,

ANA MARYA FERNANDEZ, PRESIDENT

A.M.F. EXECUTIVE CORP.