

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT 11 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **\$15456**

1. Corporation Name

AMANDA K. CORP

16601-03 NE 6TH AVENUE
20937 NE 38TH AVENUE

2. Principal Office Address

16601-03 NE 6TH AVENUE

Suite, Apt. #, etc.

City & State

NORTH MIAMI BEACH

Zip

33162

Country

US

3. Mailing Office Address

20937 NE 38TH AVENUE

Suite, Apt. #, etc.

City & State

AVENTURA

Zip

33180

Country

US

REINSTATEMENT **02-04**

900041731439

10/08/04--01069--003 **1050.00

**4. Date Incorporated or Qualified
To Do Business in Florida 11/30/1990**

**5. FEI Number
65-0228964**

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

DADE COUNTY CORPORATE AGENTS, INC.

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

18901 N.E. 29TH AVENUE

Suite, Apt. #, Etc.

SUITE 100

City

AVENTURA

State
FL

Zip Code
33180

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

Dade County Corporate Agents, Inc.

By: Jeffrey M. Perlow

Date 10/5/04

REGISTERED AGENT MUST SIGN

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
P	EVE RAMSDEN	16601-03 NE 6TH AVENUE	N. MIAMI BEACH, FL 33162
VP/S	ERIKA SIEGEL	16601-03 NE 6TH AVENUE	N. MIAMI BEACH, FL 33162
VP	ROGER YULFO	16601-03 NE 6TH AVENUE	N. MIAMI BEACH, FL 33162

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:

Eve Ramsden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eve Ramsden

Date

10/5/04

305-931-4327

Daytime Phone #

CR2E031 (01/04)