

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 FEB 18 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S46713**

1. Corporation Name

American Made Contractors, Inc.

W00-3403

2. Principal Office Address

3141 SE Dominica Terr.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1196

Suite, Apt. #, etc.

City & State

Stuart, FL

City & State

Stuart, FL

Zip

34997

Country

USA

Zip

34995

Country

USA

REINSTATEMENT 98-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

650 266 572

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

Brent D. Ray

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

21 S. River Road

Suite, Apt. #, Etc.

700003172027-2

-03/16/00--01023--013

*****1050.00 ***1050.00**

City

Stuart

State

FL

Zip Code

34996

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

Brent Ray

Date

2/4/00

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

Names of
Officers and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

President

Brent Ray

21 S. River Road

Stuart, FL 34996

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:

Brent Ray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/00

Date

(561) 283-4818

Daytime Phone #

CR2E081 (9/99)