

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAR 13 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V02475**

1. Corporation Name

AME Ship Equipment Inc.

2. Principal Office Address

3464 N.W. N. River Dr

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI FL

Zip

Country

Zip

Country

33142

4. Date Incorporated or Qualified
To Do Business in Florida

18 Dec 1991

5. FEI Number

65-0301204

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

F.L. Hooper

5000003178345-4

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

3464 N.W. NORTH RIVER DRIVE

-03/22/00 -01001-002

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

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33142

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

F.L. Hooper

REGISTERED AGENT MUST SIGN

Date **8 MAR 00**

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 |
|--------|--------------------------------------|---|-----------------------|
| Pres | F.L. Hooper | 3464 N.W. N. River Dr | MIAMI FL 33142 |
| V.P | Toy C. Hooper | 3464 NW N River Dr | MIAMI FL 33142 |
| Sec | Toy C. Hooper | 3464 NW N River Dr | MIAMI FL 33142 |
| Treas | F.L. Hooper | 3464 NW N River Dr | MIAMI FL 33142 |

REINSTATEMENT

9-8-00 TS

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:

F.L. Hooper Pres

8 MAR 00 305-635-

Date

Daytime Phone # **2461**