

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 JUN 21 AM 10:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N03006008391  
1. Corporation Name  
AMERICA CONTINENTAL 2000

2. Principal Office Address - No P.O. Box #  
PARK TEN INDUSTRIAL PARK  
1450 SW 10<sup>TH</sup> STREET  
Suite, Apt. #, etc. BUILDING "B"  
STE. # 5  
City & State  
DELRAY BEACH, FL  
Zip 33444 Country USA

3. Mailing Office Address  
P.O. BOX 77153  
Suite, Apt. #, etc.  
City & State  
CORAL SPRINGS, FL  
Zip 33077 Country USA

300182421873  
06/21/10--01060--014 \*\*420.00

REINSTATEMENT 07-10

4. Date Incorporated or Qualified To Do Business in Florida SEPT. 29, 2003

5. FEI Number 20-0442045 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 RAYMARK A. CLEMENT  
Street Address (P.O. Box Number is Not Acceptable)  
9807 NW 57<sup>TH</sup> MANOR  
Suite, Apt. #, Etc.  
City CORAL SPRINGS, State FL Zip Code 33076

PROFIT CORPORATIONS ONLY  
 The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Raymark A. Clement Date JUNE 18, 2010  
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
PRES.	RAYMARK A. CLEMENT	9807 NW 57 <sup>TH</sup> MANOR CORAL SPRINGS, FL 33076	CORAL SPRINGS, FL
VD	DAVID ESGUENAZI	1450 SW 10 <sup>TH</sup> ST.	DELRAY BEACH, FL-33444
D	JORGE FERNANDEZ	180 SW 72 TERRACE	MARGATE, FL. 33068
D	CARLUCCI GIOVANNI	13472 NW 8 <sup>TH</sup> TERRACE	MIAMI, FL. 33182
D	HERNANDO, ROLANDO SALDIVAR	5001 NW 51 COURT	LAUDERDALE, FL 33319

10. E-mail Address: RCLEMENT@AMECON2000.ORG  
(To be used for future annual report notification)

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. I further certify, 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: Raymark A. Clement JUNE 18, 2010