

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 FEB 25 PM 1:28

DOCUMENT # 589740

1. Corporation Name

ASSOCIATED MEMBERSHIP CLUB OF AMERICA, INC.

2. Principal Office Address
291 SW 27 AVE.

3. Mailing Office Address
291 SW 27 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33135

Country

Zip
33135

Country

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 10/13/1978

5. FEI Number 59-1851672

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
FELIX J. MARTIN

Street Address (P.O. Box Number is Not Acceptable)
291 SW 27 AVE.

Suite, Apt. #, Etc.

200144396302

02/25/09--01009--008 **750.00

City
MIAMI

State Zip Code
FL 33135

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

Date 02-24-2009

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
D	FELIX J. MARTIN	291 SW 27 AVE.	MIAMI, FL 33135
D	JOSE M. ALVAREZ	291 SW 27 AVE.	MIAMI, FL 33135

INCORPORATED 05 09
2/25/09

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 contained in Chapter 119, 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: Director 02/24/2009 305-607-1940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #