

PLEASE READ ALL INSTRUCTIONS BEFORE CC

FILED

Jun 05, 2003 8:00 A.M.
Secretary of State

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K88131

1. Corporation Name

AMERICAN INTERNATIONAL BROKERS, INC.

2. Principal Office Address

1631 EAST VINE STREET

Suite, Apt. #, etc.

B

City & State

KISSIMMEE, FL

Zip

34744

Country

USA

3. Mailing Office Address

1631 EAST VINE STREET

Suite, Apt. #, etc.

B

City & State

KISSIMMEE, FL

Zip

34744

Country

USA

REINSTATEMENT

02-03

4. Date Incorporated or Qualified
To Do Business in Florida

05/15/89

5. FEI Number

65-0119000

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

CROES, MIGDALIA

500020534735

06/05/03--01013--010 **550.00

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

13267 SOBRADO DR.

Suite, Apt. #, Etc.

500020534735

06/05/03--01013--011 **350.00

City

ORLANDO

State

FL

Zip Code

32837-8701

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

Migdalina Croes

REGISTERED AGENT MUST SIGN

Date 5.9.03

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	CROES, MIGDALIA	13267 SOBRADO DR.	ORLANDO, FL 32837-8701
VPST	CROES, VERONICA	13267 SOBRADO DR.	ORLANDO, FL 32837-8701

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:

Migdalina Croes

MIGDALIA CROES

05/09/03

407-847-0893

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15