

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 DEC 24 PM 2:36

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # L04000079641**

**1. Limited Liability Company's Name**

Association Mounn Bainet nan Floride ( A.M.B.F. )

200113427612  
12/27/07--01017--001 \*\*27.50

CR2E041 (1/07)

**2. Principal Office Address - No P.O. Box #**

1265 Rosegate Blvd.

**3. Mailing Office Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

Riviera Beach FL

**City & State**

**Zip**

33404

**Country**

usa

**Zip**

**Country**

**4. State/Country of Formation**

Florida / USA

**5. Date Organized or Qualified  
To Do Business in Florida**

11/03/2004

**6. FEI Number**

☐ Applied For

☒ Not Applicable

**7. CERTIFICATE OF STATUS DESIRED** ☐

\$5.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

**Name**

Franck Petion

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

1265 Rosegate blvd

Suite, Apt. #, Etc.

**City**

Riviera Beach

**State**

FL

**Zip Code**

33404

☒ A \$100 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 \$100  
reinstatement be waived.

**9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.**

**Signature of  
Registered Agent**

REGISTERED AGENT MUST SIGN

**Date** 12/19/07

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
President	Franck Petion	1265 Rosegate blvd	Riviera Beach/FL, 33404
Vice President	Paul Doublas	1050 Country club DR./Apt.303	Margate/FL, 33063
Treasury	Cherly Jacques	5100 SW 10th court	Margate/FL, 33068
Secretary	Nadine Frederique	6070 Serene Run	Lake Worth/FL, 33467

**REINSTATEMENT**

11/26/07--01054--007 \*\*78.75

11/26/07--01054--008 \*\*43.75

**11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager**

**Date** 12/19/07 **Daytime Phone #** 561-8438195

**Typed or printed name of signing Managing Member/Manager**

Franck Petion