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
07 JAN 10 AM 11:01

DOCUMENT # N01000001786

1. Corporation Name

THE AMERICAS ARAB CHAMBER OF COMMERCE, INC.

REINSTATEMENT

03-07

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
25 S.E. 2nd Ave.	25 S.E. 2nd Ave.
Suite, Apt. #, etc. suite 321	Suite, Apt. #, etc. suite 321
City & State Miami, FL	City & State Miami, Fl
Zip 33131 Country Miami-Dade	Zip 33131 Country Miami-Dade

4. Date Incorporated or Qualified To Do Business in Florida 3/12/2001

5. FEI Number not applicable ☐ 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: Najib Tayara

Street Address (P.O. Box Number is Not Acceptable): 25 S.E. 2nd Ave.,

Suite, Apt. #, Etc.: suite 321

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City: Miami State: FL Zip Code: 33131

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: Najib Tayara
REGISTERED AGENT MUST SIGN

Date: 1-6-2007

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	Najib Tayara	25 S.E. 2nd Ave. # 321	Miami, Fl 33131
D	Mey Tayara	25 S.E. 2nd Ave. # 321	Miami, Fl 33131
D	Abdul Jandali	25 S.E. 2nd Ave. # 321	Miami, Fl 33131

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: Mey Tayara, D — 1/5/2007 — 305-358-4595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #