

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 APR -6 PM 2:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **ND1000008773**

**1. Corporation Name**

ASSOCIATION DES FILS ET AMIS DE MORISSEAU D'OUTRE-MER  
(A.F.A.M.O., INC.)

**REINSTATEMENT** 03-04

**600031984826**  
04/06/04--01044--001 \*\*297.50

**2. Principal Office Address**

403 NW 39 WAY

Suite, Apt. #, etc.

N/A

City & State

DEERFIELD BEACH

Zip

33442

Country

BROWARD

**3. Mailing Office Address**

403 NW 39 WAY

Suite, Apt. #, etc.

N/A

City & State

FLORIDA

Zip

33442

Country

BROWARD

**4. Date Incorporated or Qualified**

To Do Business in Florida DEC. 17, 2001

**5. FEI Number**

743032906

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

MICHELINE ISAAC

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

3260 SW 2 CT

Suite, Apt. #, Etc.

N/A

City

DEERFIELD BEACH

State

FL

Zip Code

33442

**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

*Micheline Isaac*  
REGISTERED AGENT MUST SIGN

Date 03/24/2004

**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
PRESII	MICHELINE ISAAC	3260 SW 2 CT	DEERFIELD BEACH, FL 33442
TREAS	MALITA D'MEZA	371 SW 30 AVE.	DEERFIELD BEACH, FL 33442
SECR	LOUIS M. MONFORT	403 NW 39 WAY	DEERFIELD BEACH, FL 33442

**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:

*Micheline Isaac*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/24/2004

Date

(754) 367-0321

Daytime Phone #

CR2E081 (01/04)