

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 SEP 15 PM 12:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N02000000117

**1. Corporation Name**

American Marketing Association South Florida, Inc.

4395 River Pines Ct.

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**2. Principal Office Address**  
4395 River Pines Ct.

Suite, Apt. #, etc.

**City & State**  
Tequesta, FL

**Zip** 33469  
**Country** USA

**3. Mailing Office Address**  
4395 River Pines Ct.

Suite, Apt. #, etc.

**City & State**  
Tequesta, FL

**Zip** 33469  
**Country** USA

**REINSTATEMENT** 03-04

**4. Date Incorporated or Qualified**  
To Do Business in Florida 1/8/02

**5. FEI Number**  
36-2130315

**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**  
Deborah Nellson

**Street Address (P.O. Box Number is Not Acceptable)**  
4395 River Pines Ct.

Suite, Apt. #, Etc.

**City**  
Tequesta,

**State** FL  
**Zip Code** 33469

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09/15/04--01042--001 \*\*297.90

**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**

*Deborah Nellson*  
REGISTERED AGENT MUST SIGN

**Date** 9/14/04

**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
Preside	Deborah Nellson	4395 River Pines Ct.	Tequesta, FL 33469
Preside	Jay Berkowitz	5805 NW 42nd Way	Boca Raton, FL 33496
Treas.	Keith Fletcher	5152 Woodfield Way	Coconut Creek, FL 33473

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/14/04 561-745-4000