

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 JUN 21 AM 10:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N03006008391

1. Corporation Name

AMERICA CONTINENTAL 2000

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

PARK TEN INDUSTRIAL PARK  
1450 SW 10<sup>TH</sup> STREET

3. Mailing Office Address

P.O. BOX 77153

Suite, Apt. #, etc. BUILDING "B"  
STE. # 5

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

City & State

CORAL SPRINGS, FL

Zip

33444

Country

USA

Zip

33077

Country

USA

300182421873  
06/21/10--01060--014 \*\*420.00

REINSTATEMENT 07-10

4. Date Incorporated or Qualified  
To Do Business in Florida

SEPT. 29, 2003

5. FEI Number

20-0442045

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 RAYMARK A. CLEMENT

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

9807 NW 57<sup>TH</sup> MANOR

Suite, Apt. #, Etc.

City CORAL SPRINGS,

State FL

Zip Code 33076

**PROFIT CORPORATIONS ONLY**

☐ The \$600.00 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 reinstatement fee be waived.

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

*Raymark A. Clement*  
REGISTERED AGENT MUST SIGN

Date JUNE 18, 2010

**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
PRES.	RAYMARK A. CLEMENT	9807 NW 57 <sup>TH</sup> MANOR CORAL SPRINGS, FL 33076	CORAL SPRINGS, FL
VD	DAVID ESQUENAZI	1450 SW 10 <sup>TH</sup> ST.	DELRAY BEACH, FL 33444
D	JORGE FERNANDEZ	180 SW 72 TERRACE	MARGATE, FL 33068
D	CARLUCCI GIOVANNI	13472 NW 8 <sup>TH</sup> TERRACE	MIAMI, FL 33182
D	HERNANDO, ROLANDO SALDIVAR	5001 NW 51 COURT	LAUDERDALE, FL 33319
			<i>for</i>

10. E-mail Address: RCLEMENT@AMECON2000.ORG

(To be used for future annual report notification)

11. 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. I further certify, 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:

*Raymark A. Clement*

JUNE 18, 2010