

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 NOV -7 PM 1:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # NO4000011168

1. Corporation Name

Moroccan American Chamber of  
Commerce of Florida, Inc.

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

1877 Taft Unelancd

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip Country

32837 USA

3. Mailing Office Address

1239 S US Hwy 27

Suite, Apt. #, etc.

Hwy 27

City & State

Clermont, FL

Zip Country

34714 U.S.A.

REINSTATEMENT

CR2E081 (1/07)

06-07

4. Date Incorporated or Qualified  
To Do Business in Florida

12/02/2004

5. FEI Number

☒ 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

Abdul Aitboukil

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

1239 S. US Hwy 27

Suite, Apt. #, Etc.

City

Clermont

State

FL

Zip Code

34714

☒ The 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.

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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

Abdul Aitboukil

REGISTERED AGENT MUST SIGN

Date

10/09/07

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
President	Abdul Aitboukil	1239 S US Hwy 27	Clermont, FL 34714
VP	Mo Bani	8944 Gladin Ct	Orlando FL 32819
Sec	John Omari	1877 Taft Unelancd	Orlando, FL 32837
Tr	Hassan Erronclani	7812 Ridgestone Dr	Orlando, FL 32835
			SF

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:

Abdul Aitboukil

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/09/07 (863) 521 2067

Date Daytime Phone #