

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 DEC 20 AM 10:14

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N30022

1. Corporation Name

AMERICAN MERCHANT MARINE VETERANS-GULFSTREAM  
Chapter, Inc.

IN10000056173

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

1221 So. ANDREWS AVE

Suite, Apt #, etc

3. Mailing Office Address

SAME

Suite, Apt #, etc.

City & State

FT. LAUDERDALE, FL.

City & State

Zip

33316

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1/3/89

5. FEI Number

☒ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (6/10)

7. Name and Address of Current Registered Agent

Name

JOE COLON (HOMEADD)

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

9312 N.W. 9 PL.

Suite, Apt #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

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

JOE COLON PRES - GULFSTREAM CHPT.

Date 12-14-2010

REGISTERED AGENT MUST SIGN

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.	JOE COLON	9312 NW 9 PL.	PLANTATION, FL 33324
V.P.	PERCY MACDONALD	2677 S. OCEAN BLVD	BOCA RATON, FL 33432
SEC.	MERCEDES FRASSETTI	10525 NW 71 ST	TAMARAC FL 33321
2 <sup>ND</sup> VP	ALFRED CALICCHIO	5171 SW 20 ST.	PLANTATION FL 33317
	REINSTATEMENT 05-10		

10. E-mail Address: MERRU105@HOTMAIL.COM

(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 MERCEDES FRASSETTI MERCEDES FRASSETTI  
SECRETARY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-12-10

Date

954-720-1613  
Daytime Phone #

12/20/10