

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 17 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000005403

1. Corporation Name

ASSOCIATION DES CONSEILLERS DU COMMERCE EXTERIEUR DE
LA FRANCE DE FLORIDE ET DES CARAIBES, INC.

Espirito Santo Plaza - Suite 1050

Espirito Santo Plaza - Suite 1050

2. Principal Office Address

Espirito Santo Plaza - Suite 1050

3. Mailing Office Address

Espirito Santo Plaza - Suite 1050

Suite, Apt. #, etc.

1395 Brickell Avenue

Suite, Apt. #, etc.

1395 Brickell Avenue

City & State

Miami, FL

City & State

Miami, FL

Zip

33131

Country

USA

Zip

33131

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

11-14-1995

5. FEI Number

31-1478503

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-04

7. Name and Address of Current Registered Agent

Name

STEVEN A. EDELSTEIN

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

The Biltmore Hotel Executive Office Center - 1200 Anastasia Avenue

Suite, Apt. #, Etc.

Suite 410

City

Coral Gables

State

FL

Zip Code

33134

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

Date November 10, 2004

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
P D	JACQUES BRION	1235 Winding Oaks Circle	Vero Beach, FL 32963
S D	CHRISTOPHE Y. MAINCOURT	550 Biltmore Way - Penthouse I	Coral Gables, FL 33134
T D	J.P. MIQUEL	6828 Sunrise Terrace	Coral Gables, FL 33133

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:

J.P. MIQUEL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-10-2004

Date

(786) 845-7302

Daytime Phone #

CR2E081 (01/04)