

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000095845

1. Corporation Name

FRIENDS CLUB 2000, INC.

2. Principal Office Address

101 N.E 172 STREET

Suite, Apt. #, etc.

City & State

NORTH MIAMI BEACH FL.

Zip

33162

Country

USA

3. Mailing Office Address

101 N.E 172 STREET

Suite, Apt. #, etc.

City & State

NORTH MIAMI BEACH FL.

Zip

33162

Country

USA

FILED

04 MAY -3 PM 5:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100035149641
05/03/04--01014--002 **158.75

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

10-09-2000

5. FEI Number

65-1086513

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

AURELIEN JEAN AROLD

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

6604 EVERGREEN DR.

Suite, Apt. #, Etc.

City

MIRAMAR FL

State
FL

Zip Code
33023

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

REGISTERED AGENT MUST SIGN

Date 04-29-04

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
PD	AURELIEN JEAN A.	6604 EVERGREEN DR.	MIRAMAR FL. 33023
VD	FRITZ ALTIDOR	101 N.E 172 STREET	NORTH MIAMI BEACH FL.33162
TD	ELIE JEAN Y.	15771 N.E 15TH. AVE	NORTH MIAMI BEACH FL.33162
SD	MONDESIR LUCIEN	870 N.E 140 STREET	NORTH MIAMI BEACH FL.33162

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:

Aurelien Jean Arold
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-4-29-04

Date 904-967-4193 Daytime Phone #