

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 18 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000091968

1. Corporation Name

A+M USA, Inc.
6063 Coral Ridge Dr.
Coral Springs, FL 33076-3306

REINSTATEMENT 03-04

500030710035
03/18/04--01022--019 **300.00

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

08/23/02

5. FEI Number

52-2374101

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

AKram Najjar

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

11045 SW 156 Place

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33196

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

[Signature]

REGISTERED AGENT MUST SIGN

Date X 3-11-04

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
DPS	AKram M. Najjar	11045 SW 156 Place Miami, FL 33196	Miami, FL 33196
D_VP T	Mustafa M. Jabar	11115 SW 156 Place	Miami, FL 33196

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: X

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 3-11-04 9543403545

Date

Daytime Phone #

CR2E081 (10/02)

JACK MILBERY, C.P.A., P.A.

Certified Public Accountant

March 15, 2004

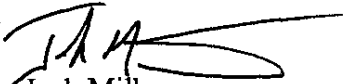
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Madame or Sir:

Per our discussion, enclosed please find the completed Florida Corporation Reinstatement for A & M USA, Inc. and a check in the amount of \$ 300. Please reinstate A & M USA, Inc. and update the records.

If you may have any questions please do not hesitate to call.

Sincerely,


Jack Milbery
enclosure