

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 SEP 13 PM 2:51

DOCUMENT # P02000094823

**1. Corporation Name**

AMERICA MARKETING ENTERPRISES, CORP

9561 FOUNTAINBLEAU BLVD  
9561 FOUNTAINBLEAU BLVD

**2. Principal Office Address**

9561 FOUNTAINBLEAU BLVD

Suite, Apt. #, etc.

201

City & State

MIAMI, FL

Zip

33172

Country

USA

**3. Mailing Office Address**

9561 FOUNTAINBLEAU BLVD

Suite, Apt. #, etc.

201

City & State

MIAMI, FL

Zip

33172

Country

USA

*EF*

**4. Date Incorporated or Qualified**

To Do Business in Florida 09/03/2002

**5. FEI Number**

02-0640520

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

MARCO A. ALTAMIRANO

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

9561 FOUNTAINBLEAU BLVD

Suite, Apt. #, Etc.

201

City

MIAMI

State

FL

Zip Code

33172

**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 08/10/2004

**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
PSD	MARCO A. ALTAMIRANO	9561 FOUNTAINBLEAU BLVD, # 201	MIAMI, FL 33172
VPD	CECILIA HIGA	9561 FOUNTAINBLEAU BLVD, # 201	MIAMI, FL 33172
TD	MERY IRIS MEDINA	9561 FOUNTAINBLEAU BLVD, # 201	MIAMI, FL 33172

**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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/10/2004

Date

305-480-8961

Daytime Phone #

CR2E081 (01/04)

2012

Miami, May 12<sup>th</sup>, 2004

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: **AMERICAN MARKETING ENTERPRISES, CORP.**  
Doc Number P02000094823

Dear Sir or Madam:

Please find enclosed an application for reinstatement with our new address.

We have never received the 2004 Uniform Business Report. We think it was sent to a different location.

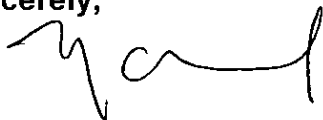
We are enclosing a check for \$150 to cover the following fees:

**2004 Uniform Business Report**

We want to ask you for consideration and waive the penalty for reinstatement of our organization, which was incorporated in 2002.

Your consideration will be greatly appreciated.

Sincerely,



**Marco A. Altamirano**  
**President**  
9561 Fountainbleau Blvd # 201  
Miami, FL 33172