

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

05 MAY -9 PM 3:26

2005 ANNUAL REPORT

DOCUMENT # ~~P0200004823~~ P02000094823

1. Corporation Name

AMERICA MARKETING ENTERPRISES CORP.
4907 SW 137 CT

2. Principal Office Address

4907 SW 137 CT

Suite, Apt. #, etc.

3. Mailing Office Address

4907 SW 137 CT

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33175

Country

USA

Zip

33175

Country

USA

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

09/03/2002

5. FEI Number

02-064-0520

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)

4907 SW 137 CT

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33175

800054669928

05/17/05--01030--025 **151.00

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

05/02/05

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 Altamirano	4907 SW 137 CT	Miami FL 33175
VPD	Cecilia Hogg	4907 SW 137 CT	Miami FL 33175
TD	Mery Iles Medina	3747 SW 147 Pl	Miami FL 33175

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/02/05

Date

305-480-8961

Daytime Phone #

CR2E081 (01/05)