

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 27 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000023321

1. Corporation Name

AMERICAS PARTNERS, INC.

Principal Place of Business

240 CRANDON BLVD.
STE. 271
KEY BISCAYNE FL 33149

Mailing Address

240 CRANDON BLVD.
STE. 271
KEY BISCAYNE FL 33149

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/11/1997

5. FEI Number

65-0741424

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	RAE, BENJAMIN G III	515 BAY LANE	KEY BISCAYNE FL 33149
SD	RAE, MARY B	515 BAY LANE	KEY BISCAYNE FL 33149

600009247166
11/27/02--01106--016 **150.00

8. Name and Address of Current Registered Agent

RAE, MARY B
515 BAY LANE
KEY BISCAYNE FL 33149

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-21-02

11. 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
Benjamin G. Rae III 10-21-02 305-798-5957

CR2E040 (8/02)

AMERICAS PARTNERS, INC.

515 BAY LANE

KEY BISCAIYNE, FLORIDA 33149

BENJAMIN G. RAE, III
MANAGING DIRECTOR

TEL: (305) 520-2470
FAX: (305) 520-2472

10-21-02

To whom it may concern —

We did not receive the
2 USB notices.

In addition the annual report
was filed before I received
the administrative cancellation
notice.

Sincerely,

Wesley B. Rae, VP
Officer