

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000023321

1. Corporation Name

AMERICAS PARTNERS, INC.

FILED  
04 APR 30 AM 10:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~240 GRANDON BLVD.~~  
~~STE 271~~  
KEY BISCAYNE FL 33149

~~240 GRANDON 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

851 Harbor Dr.  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

851 Harbor Dr.  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

03/11/1997

City & State

Key Biscayne, FL

City & State

Key Biscayne, FL

Zip

33149

Country

Zip

33149

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	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

000034791020  
04/30/04--01007--014 \*\*900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RAE, MARY B  
515 BAY LANE  
KEY BISCAYNE FL 33149

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

*Mary B. Rae*

REGISTERED AGENT MUST SIGN

Date

4-27-04

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:

*B. G. Rae III*

BENJAMIN G. RAE III 4-27-04

Date

Daytime Phone #

305-798-5957

CR2E040 (7/03)