

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**APPLICATION
FOR
REINSTATEMENT**



SECRETARY OF STATE
Sam B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

98 DEC -4 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000081631

1. Corporation Name

A & M USA ENTERPRISES, INC.

Principal Place of Business

Mailing Address

1335 ALTON ROAD
MIAMI BEACH FL 33139

1335 ALTON ROAD
MIAMI BEACH FL 33139

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/19/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0781518

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
D	MESA, LUIS	1335 ALTON ROAD	MIAMI BEACH FL 33139
D	MESA, MARLENY G	1335 ALTON ROAD	MIAMI BEACH FL 33139
D	ARIAS, SYLVIA M	1335 ALTON ROAD	MIAMI BEACH FL 33139
D	ARIAS, ALAIN E	1335 ALTON ROAD	MIAMI BEACH FL 33139

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12/09/98 01032-002

****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MESA, LUIS
1335 ALTON ROAD
MIAMI BEACH FL 33139

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.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11-12-97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 REQUIRED
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-02-98

Date

Daytime Phone #

CR2E040 (9/96)

FLORIDA DEPARTMENT OF STATE

NOVEMBER 18, 1998

DIVISION OF CORPORATIONS
ANNUAL REPORT

TO WHOM THIS MAY CONCERN;
WE RECEIVED THIS NOTICE OF REVOCATION AND WE WERE CONCERNED WITH THIS
MATTER BECAUSE WE HAVE NEVER RECEIVED ANY OTHER DOCUMENT BEFORE TO THIS
MATTER. WE CALLED ON NOVEMBER 18, 1998 TO YOUR OFFICE AND SPOKE TO A REP
ABOUT THIS MATTER, HE TOLD US TO SIMPLY SEND THE MONEY (\$150.00) AND A LETTER
EXPLAINING WHAT HAD HAPPENED. THE CORPORATION OPENED ON 09/19/1997 AND LIKE I
EXPLAINED BEFORE WE NEVER RECEIVED ANY REPORT OF THE DIVISION OF
CORPORATION.

I AM SENDING ALONG WITH THIS A CHECK OF \$150.00
AND THE ORIGINAL COPY OF THE ONLY DOCUMENT SENT TO ME.
THANK YOU FOR YOUR TIME AND PLEASE NOTIFY ME IF YOU NEED ANYTHING ELSE.


LUIS MESA