

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PC98000061110**
1. Corporation Name **AMERICA ALWAYS CORP.**

Principal Place of Business Mailing Address
141 NE 32nd AV.
Suite 404
Miami FL 33132
SAME

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
City & State		City & State		65-0860236	
Zip		Zip		Applied For	
Country		Country		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				S/S (A) 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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P	Victor GENIS Arana	Penyssegat 15 Fase 3, Bld 2, C8, Puesto Amoblado	ALICANTE / SPAIN
V.P	FRANCOIS ENGELHAJER	600 W. 82nd St.	Miami Beach FL 33140
S.T	MAUDELA ENGELHAJER))))
			4000003033334-4 -11/03/99--01002--005 ****750.00 ****750.00
			LS

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Arnold Rockford		Name MAUDELA ENGELHAJER	
		Street Address (P.O. Box Number is Not Acceptable)	
		141 N.E 32nd AV.	
		Suite, Apt. #, Etc.	
		Suite 404	
		City	State Zip Code
		Miami	FL 33132
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		Date	
<i>[Signature]</i>		10/19/99	
REGISTERED AGENT MUST SIGN			

11. This corporation owes 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]* MAUDELA ENGELHAJER SECRETARY 10/19/99 (305) 3360828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

99 OCT 22 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 09

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