

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P98000082131**

1. Corporation Name

AMERICAN INTERNATIONAL 10, INC.

Principal Place of Business

801 BRICKELL BAY DRIVE
SUITE 4-1171
MIAMI FL 33131

Mailing Address

801 BRICKELL BAY DRIVE
SUITE 4-1171
MIAMI FL 33131

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

09/22/1998

5. FEI Number

65-0866971

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)

Fax to (786) 771-0273

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	ANTONIO VERA, JULIO	801 BRICKELL BAY DRIVE	MIAMI FL 33131

8. Name and Address of Current Registered Agent

ANTONIO VERA, JULIO
801 BRICKELL BAY DRIVE
SUITE 4-1171
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name: Antonio Vera Julio
Street Address (P.O. Box Number is Not Acceptable): 801 BRICKELL BAY DR. 4-1171
Suite, Apt. #, Etc.: SUITE 4-1171
City: MIAMI
State: FL Zip Code: 33131

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

2/7/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/7/02 (305) 948-5320

Daytime Phone

CR2E040 (8/99)