

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

03 JUN 23 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 99-03

200021080492
06/23/03--01096--015 **1350.00

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000085877 1. Corporation Name A.M. JULIEN & ASSOCIATES, INC.			
2. Principal Office Address 7550 S.W. 57th Avenue		3. Mailing Office Address 7550 S.W. 57th Avenue	
Suite, Apt. #, etc. Suite 208		Suite, Apt. #, etc. Suite 208	
City & State South Miami, Fl.		City & State South Miami, Fl.	
Zip 33143	Country U.S.A.	Zip 33143	Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 10/07/1998	
5. FEI Number 65-04660	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
ARTHUR F. MCCORMICK, ESQ.

Street Address (P.O. Box Number is Not Acceptable)
7550 S.W. 57th Avenue S

Suite, Apt. #, Etc.
Suite 203

City
South Miami

State
FL

Zip Code
33143

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

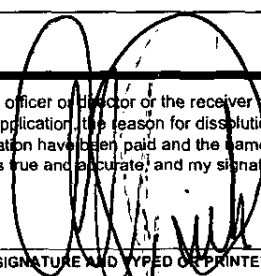
Signature of Registered Agent  Date 6/17/03

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Alfredo M. Julien	7550 S.W. 57th Avenue #208	South Miami, Fl. 33143

10. 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:  ALFREDO M. JULIEN June 18, 2003 (305) 662-1792

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)

7/6/23