

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 FEB 15 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S10716

1. Corporation Name

AMERICAN LATIN MARKET INC

2. Principal Office Address - No P.O. Box #

401 W BOYNTON BEACH BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

401 W BOYNTON BEACH BLVD

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL

Zip

33435-4026

Country

City & State

BOYNTON BEACH, FL

Zip

33435-4026

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
65-0228032

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RICHARD W HARRIS

Street Address (P.O. Box Number is Not Acceptable)

7971 NW 89TH LANE

Suite, Apt. #, Etc.

City

TAMARAC

State

FL

Zip Code

33321-1528

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

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	ABDIN AMMAR	9082 PERTH ROAD	LAKE WORTH FL. 33467
VP	HARRIS, RICHARD	7971 NW 89TH LANE	TAMARAC FL. 33321-1528
			02/15/08--01023--022 **300.00

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

02-13-08

Daytime Phone #

W-561-734-0092
C-561-307-3423