

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 30 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000004622

1. Corporation Name

A&A MAINTENANCE ENTERPRISE INC

Principal Place of Business

200 MAMARONECK AVE #304
WHITE PLAINS NY 10601

Mailing Address

200 MAMARONECK AVE #304
WHITE PLAINS NY 10601

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

09/08/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

13-3149505

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	City / State / Zip 4
PS	RODRIGUEZ JR, ARMANDO	200 MAMARONECK AVE., #304	WHITE PLAINS NY
V	RIVERA, CARLOS	200 MAMARONECK AVE., #304	WHITE PLAINS NY

700009766817
12/31/02--01052--004 **150.00

8. Name and Address of Current Registered Agent

RODRIGUEZ, MERCEDES
5040 NW 7 ST., #712
MIAMI FL 33126

9. Name and Address of New Registered Agent

Name

MERCEDES RODRIGUEZ

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

DORAL EXECUTIVE CORP. PARK

Suite, Apt. #, Etc.

3785 N.W. 82ND AVE. SUITE 203

City

MIAMI

State

FL

Zip Code

33166

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12/3/02

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

Daytime Phone #

12/3/02 305-440-2448

CR2040 (8/02)

A&A Maintenance Enterprise, Inc.
200 Mamaronek Ave. #304
White Plains, NY 10601

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

12/3/02

RE: A&A Maintenance Enterprise, Inc.
Document # F99000004622
FEI Number 13-3149505

Dear Sir or Madam;

Please be advised that we did not receive an original 2002 Uniform Business Report and respectfully request an abatement of the \$600 reinstatement fee.

Enclosed please find a check for \$150 for our annually filing fee.

Very truly yours;

Handwritten signature of Mercedes Rodriguez in cursive script.