2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000076465

1. Entity Name
AA SERVICE AND WASH FACTORY, INC.

FILED
2007 JAN -2 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
61 S.W. 91 AVENUE, SUITE 207 PLANTATION, FL 33324	61 S.W. 91 AVENUE, SUITE 207 PLANTATION, FL 33324

12292006 REIN-P CR2E098 (11/05)

2. Principal Place of Business	3. Mailing Address
8243 NW 8th st.	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Plantation FL	City & State
Zip: 33324 Country: USA	Zip Country

4. FEI Number: 65-1125407 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

YANIV, MOSHE
61 S.W. 91 AVENUE, SUITE 207
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name: Yaniv Moshe
Street Address (P.O. Box Number is Not Acceptable)
8243 NW 8th st.
City: plantation FL Zip Code: 33324

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 12/28/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2007, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P YANIV, MOSHE 61 S.W. 91 AVENUE, SUITE 207 PLANTATION, FL 33324	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800082912728 01/02/07--01055--021 **150.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 12/28/06 954/624-2717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #