PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
00 NOV -3 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000103816

1. Corporation Name

A.A.I. CORP.

Principal Place of Business	Mailing Address
3300 NE 191ST STREET, #1014 AVENTURA FL 33180	3300 NE 191ST STREET, #1014 AVENTURA FL 33180

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 2000

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
638 6TH STREET Suite, Apt. #, etc.	638 6TH STREET Suite, Apt. #, etc.
MIAMI BEACH, FLORIDA City & State	MIAMI BEACH, FL City & State
33139 / USA Zip / Country	33139 / USA Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/30/1999

5. FEI Number: 65-0968819 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
~~D~~	~~ALTIT, ALAIN~~	~~3300 NE 191ST STREET, #1014~~	~~AVENTURA FL 33180~~
D	ATUN, ILAN	~~3300 NE 191ST STREET, #1014~~ C/O 638 6TH ST.	~~AVENTURA FL 33180~~ MIAMI BEACH FL 33139
D	GAIT, MOSHE	C/O 6386TH ST.	MIAMI BEACH, FL 33139
			000003479080--8
			-11/28/00--01103--016
			****750.00 ****750.00
			LS

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
MREJEN, ARIE 701 W. CYPRESS CREEK RD., SUITE 302 FORT LAUDERDALE FL 33309	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/00)

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: 10/26/00

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: X SIGNATURE REQUIRED ILAN ATUN, PRES. 10/26/00 305-604-1414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048363 AF