

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR -5 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600092218826
03/12/07--01006--030 **308.75

DOCUMENT # 439901

1. Corporation Name

AAA Electric Motor Service, Inc.

REINSTATEMENT *06-07*

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
1131 NE 45 Street

3. Mailing Office Address
1481 NE 60 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Fort Lauderdale, FL

City & State
Fort Lauderdale, FL

Zip
33334

Country
U.S.A.

Zip
33334

Country
U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida **11/15/1973**

5. FEI Number
59-1496538

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
TIMOTHY FYKE

Street Address (P.O. Box Number is Not Acceptable)
1481 NE 60 Street

Suite, Apt. #, Etc.

City
Fort Lauderdale

State
FL

Zip Code
33334

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

X Timothy Fyke

REGISTERED AGENT MUST SIGN

Date **X 2-26-07**

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 |
|--------|-----------------------------------|--|---------------------------|
| PSTD | TIMOTHY FYKE | 1481 NE 60 Street | Fort Lauderdale, FL 33334 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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:

X Timothy Fyke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

X 2-26-07

Daytime Phone #

jc 3/6