

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 26 PM 2:32

DOCUMENT # 442465

1. Corporation Name

A.I.M. INVESTMENT CORP.

2. Principal Office Address

6301 N. Ocean Boulevard

Suite, Apt. #, etc.

City & State

Ocean Ridge, FL

Zip

33435

Country

USA

3. Mailing Office Address

6301 N. Ocean Boulevard

Suite, Apt. #, etc.

City & State

Ocean Ridge, FL

Zip

33435

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/14/1974

5. FEI Number

59-1570541

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 9

7. Name and Address of Current Registered Agent

Name

Alvin I. Malnik

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

6301 N. Ocean Boulevard

Suite, Apt. #, Etc.

City

Ocean Ridge,

State

FL

Zip Code

33435

780004677927-1
-11/14/01--01014--015
***758.75 ***758.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

**Signature of
Registered Agent**

Alvin I. Malnik

Date

10/25/01

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 |
|--------|--------------------------------------|---|-----------------------|
| PDS | ALVIN I. MALNIK | 6301 N. Ocean Boulevard | Ocean Ridge, FL 33435 |
| VP | SHAREEF MALNIK | 6301 N. Ocean Boulevard | Ocean Ridge, FL 33435 |
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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 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:

(Alvin I Malnik)
Alvin I Malnik
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/01
Date

(561) 733-3333
Daytime Phone #