PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith.

Secretary of State

DIVISION OF CORPORATIONS F00000006839

1. Corporation Name

DOCUMENT #

AARON B. FLOYD ENTERPRISES, INC.

Principal Place of Business

Mailing Address

1901 NORTH BEAUREGARD STREET

1901 NORTH BEAUREGARD STREET

STE 380

STE 380 ALEXANDRIA VA 22311

ALEXANDRIA VA 22311

FILED

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SECRETARY OF STATE TALLAHASSEE. FLORIDA

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If above addresses are incorrect in any way, line through incorrect 2. New Principal Office Address, If Applicable 3. New Ma			illing Office Address, If Applicable		Date Incorp To Do Busir	orated or Qualified ness in Florida	12/06/2000
Suite, Apt. #, etc. Suite, /		Suite, Apt. #	uite, Apt. #, etc.		5. FEI Number	r	Applied For
City & State City & St			ate			-54-1405797 -54-14-04	- ''
Zip Country Zip		Country		6. CERTIFICATE OF STATUS DESIRED 13 \$8.75 Additional Fee required for a Certificate of Status			
7. Names	and Street Addresses of Each Office	r and/or Director (Flo	orida nonprofit co	prporations must list at I	east 3 directors)		the control for the Person
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip	
PD	FLOYD, AARON B		1901 N. BEAUREGARD ST., STE 380		E 380	ALEXANDRIA VA	
D	COLE, HERMAN	776 FLORENCIA CIRCLE			TITUSVILLE FL DODOB667427 70201042015 **608.75		
	}		700008667427 11/21/112-01046-004-**141-25				7427
				1	I AT LEADY	<u>) </u>	37 44171.23
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent		
776 F	, HERMAN LORENCIA CIRCLE VILLE FL 32780	~		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.			
			City		1	State Zip Code	
10. I, bein	g appointed the registered agent of the	ne above named corp	oration, am famil	liar with and accept the	obligations of Secti		17.0505, F.S.

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 of Registered Agent

REGISTERED AGENT MUST SIGN