

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 DEC -5 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000006481

1. Corporation Name

AA Management Alliance Inc

12/05/02--01030--002 **150.00

2. Principal Office Address

8061 Lake Pointe Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

8061 Lake Pointe Dr.

Suite, Apt. #, etc.

City & State

Plantation FL.

Zip

33322

Country

City & State

Plantation FL.

Zip

33322

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12-18-01

5. FEI Number

364484964

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Patrick Aidala

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

8061 Lake Pointe Dr.

Suite, Apt. #, Etc.

Plantation FL.

City

Plantation

State

FL

Zip Code

33322

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

REGISTERED AGENT MUST SIGN

Date

12-3-02

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
P, SC	Patrick Aidala	8061 Lake Pointe Dr.	Plantation FL 33322
VP	Annette Storkley	8061 Lake Pointe Dr.	Plantation FL 33322

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:

Patrick Aidala

12-3-02 954-471-3183

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

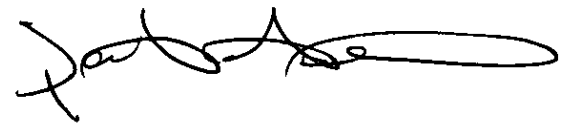
Date

Daytime Phone #

CR2E081 (9/01)

gr 12/9

Please wave the penalty fee
I never recieved the Uniform
Business reports. for the year
2002.



patrick Aidala
AAP Management
Alliance Inc.