

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY 16 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000021348

1. Limited Liability Company's Name

AA HOLDINGS, L.L.C.

2. Principal Office Address

1390 NW 16 STREET

Suite, Apt. #, etc.

3. Mailing Office Address

1390 NW 16 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33125

Country

USA

Zip

33125

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

12/10/2001

6. FEI Number

65-1150952

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CORPCO, INC.

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

2699 SOUTH BAYSHORE DRIVE

Suite, Apt. #, Etc.

7TH FLOOR

City

MIAMI

State

FL

Zip Code

33133

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

William A. Correo, Inc.
Vice Pres.
REGISTERED AGENT MUST SIGN

Vice Pres.

Date

5/9/03

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	ALFONSO, YOSVANI	1390 NW 16TH STREET	MIAMI, FLORIDA 33125

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Date

5/9/03

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

YOSVANI ALFONSO, MANAGER

CR2E041 (1002)