

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000000340

1. Limited Liability Company's Name

AAA INVESTMENT ENTERPRISES, LLC

2. Principal Office Address - No P.O. Box #

1360 NW 13TH STREET

Suite, Apt. #, etc.

City & State

POMPANO BEACH

Zip

33069

Country

UNITED STATES

3. Mailing Office Address

1360 NW 13TH STREET

Suite, Apt. #, etc.

City & State

POMPANO BEACH

Zip

33069

Country

UNITED STATES

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

01/02/2004

6. FEI Number

201396512

☐ 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

CHARLES EVERETT, MGRM

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

4430 NE 1ST TERRACE

Suite, Apt. #, Etc.

City

POMPANO BEACH

State

FL

Zip Code

33064

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

REGISTERED AGENT MUST SIGN

Date **08-04-10**

REINSTATEMENT

2008-10 SEA

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
MGRM	CHARLES EVERETT	4430 NE 1ST TERRACE	POMPANO BEACH, FL 33064
MGRM	RAYMOND WOOTEN	4430 NE 1ST TERRACE	POMPANO BEACH, FL 33064
MGRM	CINDY EVERETT	4430 NE 1ST TERRACE	POMPANO BEACH, FL 33064

11. E-mail Address: levertt@bellsouth.net

(To be used for future annual report notifications)

12. 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 **08-04-10**

Daytime Phone # **954-444-0175**

Typed or printed name of signing Managing Member/Manager **CHARLES EVERETT**