


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS

FILED

10 APR 29 AM 11:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L 48603

1. Corporation Name

A.A.A. Management, Inc.

200178922802  
04/29/10--01033--017 \*\*450.00

REINSTATEMENT 08-10

2. Principal Office Address - No P.O. Box # 14162 Colonial Grand Blvd Suite, Apt. #, etc. 1401 City & State Orlando FL Zip 32837 Country USA		3. Mailing Office Address 730 W. Colonial Dr Suite, Apt. #, etc. / City & State Orlando, FL Zip 32804 Country USA	
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4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name Shahnaz S. Ali			
Street Address (P.O. Box Number is Not Acceptable) 14162 Colonial Grand Blvd Suite, Apt. #, Etc. 1401			
City Orlando	State FL	Zip Code 32837	

PROFIT CORPORATIONS ONLY  
☒ The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Shahnaz Ali  
 REGISTERED AGENT MUST SIGN

Date 4/27/10

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
D	Salim H. Ali	12114 Napier Circle	Orlando FL 32926
S	Shahnaz S. Ali	12114 Napier Circle	Orlando FL 32926
VP	Abdulaziz Ramp	401 W 4th Street	Chesapeake, FL 32766
		4/27/10	

10. E-mail Address: Finacetsvc@gmail.com  
 (To be used for future annual report notification)

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. I further certify, 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: Shahnaz Ali  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/27/10

Daytime Phone #