

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED

AND
FILED

14 JAN 14 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L48603

1. Corporation Name

A.A.A. Management, Inc.

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

12114 Napier Circle

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32926

Country

USA

3. Mailing Office Address

730 W Colonial Dr

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32804

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3002697

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

Ali, Shahnaz S

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

730 W Colonial Dr

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32804

01/15/14--01021--001 **150.00

500251397475
09/05/13--01003--042 **1050.00

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

S.S. Ali

REGISTERED AGENT MUST SIGN

Date

10/30/13

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
PD	Salim H Ali	10509 Bostle Castle Rd	Glen Allen VA 23060
VS	Shahnaz S Ali	10509 Bostle Castle Rd	Glen Allen VA 23060

REINSTATEMENT 2010-2014

10. E-mail Address:

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

S.S. Ali

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/30/13

Daytime Phone #