

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **L48603**

1. Corporation Name

A.A.A. MANAGEMENT, INC.

Principal Place of Business

Mailing Address

12114 NAPIER CIRCLE
ORLANDO FL 32826

12114 NAPIER CIRCLE
ORLANDO FL 32826

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

14162 COLONIAL GRAND BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ORLANDO FL.

Zip
32837

Country

Orange

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/02/1990

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. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	ALI, SALIM H.	12114 NAPIER CIRCLE	ORLANDO FL 32926
S	ALI, SHAHAZ, S.	12114 NAPIER CIRCLE	ORLANDO FL 32926
VP	RAWA, ABDULAZIZ	401 W 4TH STREET	CHULUOTA FL 32766

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALI, SHAHAZ S.
12114 NAPIER CIRCLE
ORLANDO FL 32826

Name

ALI SALIM

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

14162 COLONIAL GRAND BLVD.

Suite, Apt. #, Etc.

City

ORLANDO

State

Zip Code

FL

32837

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(j), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED40 (8/02)