

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY 15 PM 5:01

DOCUMENT # MO1000000561

1. Limited Liability Company's Name

AARON ACQUISITION LLC

000019086310
05/15/03--01060--016 **200.00

2. Principal Office Address

6600 N. ANDREWS AVE.

Suite, Apt. #, etc.

140

City & State

Font Lauderdale, FL

Zip

33309

Country

USA

3. Mailing Office Address

6600 N. ANDREWS AVE.

Suite, Apt. #, etc.

140

City & State

Font Lauderdale, FL

Zip

33309

Country

U.S.A.

4. State/Country of Formation

DELAWARE, USA

5. Date Organized or Qualified
To Do Business in Florida

3/14/2001

6. FEI Number

☒ 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

STEVEN LEONE

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

1422 VICTORIA ISLE DR.

Suite, Apt. #, Etc.

City

WESTON

State

FL

Zip Code

33327

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

Date 4/30/2003

REGISTERED AGENT MUST SIGN

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
MAN. BY RESOLV	STEVEN LEONE	1422 VICTORIA ISLE DR.	WESTON, FL 33327

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

4/30/2003

Daytime Phone#

954-772-7721

Typed or printed name of signing Managing Member/Manager

STEVEN LEONE

CR2E041 (10/02)