

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAR 10 AM 8:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name *Aimelw Enterprise, Inc.*  
*M 74114*

**REINSTATEMENT**

600013727826  
03/10/03--01054--024 \*\*\*900.00

2. Principal Office Address *4945 Doe* 3. Mailing Office Address *P.O. Box 99*

Suite, Apt. #, etc.

City & State *WEIRSDALE* City & State *WEIRSDALE FL.*

Zip Country Zip Country  
*32195 USA 32195 USA*

4. Date Incorporated or Qualified To Do Business in Florida *MAR 28 - 1988*

5. Fed Number *59-2881987* Applied For  Not Applicable  
*265-85-2046*

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name *PIERRETTE TASSE*  
Street Address (P.O. Box Number is Not Acceptable) *4945 DOE BRANCH LANE*  
Suite, Apt. #, Etc.  
City *WEIRSDALE* State *FL* Zip Code *32195*

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 *[Signature]* REGISTERED AGENT MUST SIGN Date *3/5-03*

**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
<i>PRES</i>	<i>Pierrette Tasse</i>	<i>4945 Doe Branch</i>	<i>Weirsdale FL 32195</i>

10. 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)(i), 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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date *3/5/03* Daytime Phone # *352-259-1498*

CR2E081 (10/02)