


2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000007525 1. Entity Name A2A-TECHNOLOGY INC					
Principal Place of Business 1348 WASHINGTON AVE SUITE 301 MIAMI, FL 33139			Mailing Address 1348 WASHINGTON AVE SUITE 301 MIAMI, FL 33139		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		

FILED
04 NOV -3 PM 4:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10282004 REIN-NP CR2E099 (6/04) **04**

REINSTATEMENT

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ Applied For

6. Name and Address of Current Registered Agent BERNIER, TROY 1700 SW 1ST AVE APT 403 MIAMI, FL 33129				7. Name and Address of New Registered Agent Name Troy Bernier Street Address (P.O. Box Number is Not Acceptable) 2000 NW 12th Ave. Apt 726 City miami FL Zip Code 33127	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Troy Bernier* 10/28/2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$61.25 After January 1, 2005, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																							
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Troy P. Bernier* 10/28/2004 7862776-028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #