## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION** FOR \* **REMISTATEMENT** 



## FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P00000002125

1. Corporation Name

A1A BUSINESSES, INC.

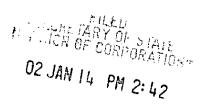
Principal Place of Business

1730 A1A SOUTH

SIGNATURE:

Mailing Address

1730 A1A SOUTH



Daytime Phone #

ST. AUGUSTINE FL 32084			ST. AUGUSTINE FL 32084						
If above addresses are incorrect in any way, line through incorrect information and enter correction below.						REMSTATEMENT O			
2. New Pri	ncipal Office A	Address, If Applicable	3. New Mailii	New Mailing Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida 01/03/2000		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. FEI Number	-	Applied For	
City & State			City & State		•	59-3627938 Not Applicabl		Not Applicable	
Zip Country -		ZIP Country		Country	6. CERTIFICATE	CERTIFICATE OF STATUS DESIRED  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) 1	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip			
ĥD	CHIU, YAO-TYNG			825 ANASTASIA BLVD.		ST. AUGUSTINE FL 32084			
3									
•				10004795671 -01/25/0201018031 ****750:00 ****750:			5718 1018031 ****750.00		
•									
							RUK		
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent			
					Name				
CHIU, YAO-TYNG					Street Address (F	Street Address (P.O. Box Number is Not Acceptable)			
1730 A1A SOUTH ST. AUGUSTINE FL 32084					Suite, Apt. #, Etc	Suite, Apt. #, Etc.			
·					City State Zip Code				
							FL_		
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.									
Signature of Registered Agent Date 10/30/01									

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 filling 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.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR