

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT -4 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000002125

1. Corporation Name

A1A BUSINESSES, INC.
16 NE 173 STREET

2. Principal Office Address

16 NE 173 STREET

Suite, Apt. #, etc.

City & State

N. MIAMI BEACH, FL

Zip

33162

Country

3. Mailing Office Address

16 NE 173 STREET

Suite, Apt. #, etc.

City & State

N. Miami Bch. Florida

Zip

33162

Country

4. Date Incorporated or Qualified
To Do Business in Florida 01-03-2000

5. FEI Number

20-1649426

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-04

7. Name and Address of Current Registered Agent

Name

TAX RESOURCE CENTER OF FLA. INC

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

20401 NW 2 AVENUE

Suite, Apt. #, Etc.

102

City

MIAMI

State
FL

Zip Code
33169

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

REGISTERED AGENT MUST SIGN

Date

8/30/04

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
P	MARGUERITE PETIT-FRERE	16 NE 173 STREET	MIAMI, FLORIDA 33162

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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/30/04

Daytime Phone #

(305) 305-7158

CH2E081 (01/04)