

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000038846

1. Corporation Name
A + ILLUMINATIONS, INC.

Principal Place of Business Mailing Address
961 SW 8TH ST. 961 SW 8TH ST.
BOCA RATON FL 33486 BOCA RATON FL 33486

OK
Add

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 04/12/2000
5. FEI Number APPLICABLE FOR ☒ Applied For ☐ Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	JAY MAYA	961 S.W. 8ST.	BOCA RATON, FL 33486
			300004739529-9 -12/26/01--01087--001 ****150.00 ****150.00
			LS

8. Name and Address of Current Registered Agent
MAYA, JAY
961 SW 8TH ST.
BOCA RATON FL 33486

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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 [Signature] Date 10/26/01
REGISTERED AGENT MUST SIGN

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 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: JAY MAYA [Signature] 10/26/01 561 706 5999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PLEASE TO WHOM IT MAY CONCERN,

11/28/01

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I NEVER RECEIVED MY NOTICE TO PAY THE FIRST TIME OR THE RE-NEWAL PAYMENT FORMS??? I DID GET THIS NOTE THAT I HAD TO PAY A LOT OF MONEY TO RE-NEW MY STATUS OR TO RE-INSTATE THE COMPANY, I WOULD LIKE TO ASK YOU TO PLEASE WAIVE THE EXTRA FEES BECAUSE I DID NOT GET THE RENEWAL FORMS AND I DID NOT KNOW BETTER THAN TO CALL UP AND FIND OUT. SO PLEASE CONSIDER THIS REQUEST.

THE COMPANY IS A SHELF COMPANY BUT BECOMING ACTIVE IN THE NEXT FEW WEEKS IF I GET THE RENEWAL APPROVED BY YOU ALL. THANK YOU AND PLEASE EXCUSE THE DELAY I DID NOT GET THE FORMS WHEN THEY WERE SENT OUT. THANK YOU AGAIN.

MR. JAY MAYA

President



*I am the ^{only} sole officer and the address is still
961 SW. 8ST. BOCA RATON, FL 33486 -*

*This Company is a profit company and it will be active
in 2-3 weeks for business. Thank you.*

*Nothing to report for the year 2001 or 2000 -
not yet - no activity done - but soon - yes.*