

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 JAN 30 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000081100

1. Corporation Name

A & E Consolidated, Inc.

2. Principal Office Address - No P.O. Box #

194 Martin St.

Suite, Apt. #, etc.

3. Mailing Office Address

194 Martin St.

Suite, Apt. #, etc.

City & State

Apopka FL

Zip

32712

Country

Orange

City & State

Apopka FL

Zip

32712

Country

Orange

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

593678334

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Arthur B. Turner Jr.

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

194 Martin St.

Suite, Apt. #, Etc.

City

Apopka

State

FL

Zip Code

32712

100219923741
01/30/12--01005--017 **1000.00

100219923741
01/30/12--01005--018 **1000.00

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

Arthur B. Turner Jr.

REGISTERED AGENT MUST SIGN

Date

1/20/2012

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
PD	Arthur B. Turner Jr.	194 Martin St.	Apopka, FL 32712

100219923741
01/30/12--01005--019 **400.00

10. E-mail Address: ham.burke.3423@yahoo.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Arthur B. Turner Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/2012

Date

Daytime Phone #

407-493-8634