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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 23 PM 4:44

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000087575

1. Corporation Name

A & A SYSTEM SOLUTIONS, INC.

REINSTATEMENT 03-05

2. Principal Office Address

16730 WATERS EDGE DRIVE

3. Mailing Office Address

16730 WATERS EDGE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
WESTON, FL

City & State
WESTON, FL

Zip
33326

Country
US

Zip
33326

Country
US

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/15/2000

5. FEI Number

65-1050069

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

ALBERTO RODRIGUEZ

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

16730 WATERS EDGE DRIVE

Suite, Apt. #, Etc.

City

WESTON

State
FL

Zip Code

33326

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

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
DP	ALBERTO RODRIGUEZ	16730 WATERS EDGE DRIVE	WESTON, FLORIDA 33326

500050302885
04/11/05--01005--011 **450.00

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)

2 of 2

A & A SYSTEM SOLUTIONS INC.

**16730 Waters Edge Drive
Weston, FL 33326**

March 16, 2005

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, Florida 32314

Dear Representative:

Enclosed please find a Corporate Reinstatement application for A & A System Solutions, Inc. We have also enclosed a check in the amount of \$450.00 to cover the filing fee for the years 2003, 2004 and 2005. We respectfully request the waiver of the late filing penalty due to the fact that the Business Reports were not received. Please note the principal and mailing address for A & A has changed, the new address for the business is as follows:

A & A System Solutions, Inc.
16730 Waters Edge Drive
Weston, Florida 33326

If you have any questions or require additional information regarding this matter, please do not hesitate to contact Alberto Rodriguez 954-593-4571.

Sincerely,


Alberto Rodriguez