

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 FEB 26 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **PO1000020877**

1. Corporation Name

**AAA ACCOUNTING CONSULTANTS, INC.**

2. Principal Office Address

**10561 MENDOCINO LN**

3. Mailing Office Address

**10561 MENDOCINO LN**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**BOCA RATON FL**

City & State

**BOCA RATON FL**

Zip

**33428**

Country

**PALM BEACH**

Zip

**33428**

Country

**PALM BEACH**

4. Date Incorporated or Qualified  
To Do Business in Florida

**2/27/01**

5. FEI Number

**65-1092308**

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

**JACK CHIEN**

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

**10561 MENDOCINO LN**

Suite, Apt. #, Etc.

City

**BOCA RATON**

State

**FL**

Zip Code

**33428**

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

**JACK CHIEN**  
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
PD	CHIEN, JACK	10561 Mendocino Ln	Boca Raton FL 33428
VTD	CHIEN, R-Ling	10561 Mendocino Ln	Boca Raton FL 33428
VSD	CHIEN, George	10561 Mendocino Ln	Boca Raton FL 33428

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:

**JACK CHIEN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**12/19/02 561-866-4194**

Daytime Phone #

CR2E081 (9/01)

# AAA Accounting Consultants, Inc.

10561 Mendocino Lane  
Boca Raton, FL 33428

(561) 852-0535

December 19, 2002

Florida Department of State  
P O Box 6327  
Tallahassee FL 32314

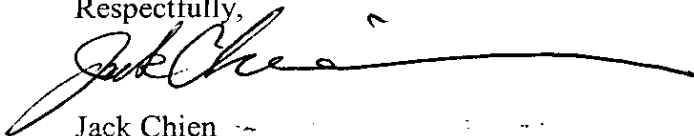
To Whom It May Concern:

Per our telephone conversation today, we were to send a written notification advising the Florida Department of Revenue that as of today, AAA Accounting Consultants, Inc. did not receive a renewal form/notice for calendar year 2002 requesting for a renewal fee. Therefore in order to maintain an active (EIN) status, we are submitting the renewal fee of US\$150.00.

Please advise us of any additional administrative paperwork that needs to be completed. More importantly, please let us know when the calendar year 2003 renewal forms will be sent to us.

Thanks.

Respectfully,



Jack Chien  
President