PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 27 PM 3: 38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000031841

1. Corporation Name

AAA INSULATION INC.

REINSTATEMENT 02-03

2. Principal Office Address	**3.** Mailing Office Address
2002 NW 55 AVE.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
MARGATE, FL.	

Zip	Country	Zip	Country
33063	U.S.		U.S.

4. Date Incorporated or Qualified To Do Business in Florida 03/28/01

5. FEI Number 65-1104499 — 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 THOMAS H. FARJAD

Street Address (P.O. Box Number is Not Acceptable) 17035 48 CT. N.

Suite, Apt. #, Etc.

City LAXAHATCHEE   State FL   Zip Code 33470-3528

900002410505
10/27/03--01030--014 **908.75

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 _____   Date _____

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
ALL	THOMAS H. FARJAD	17035 48 CT. N.	LOXAHATCHEE, FL. 33470-3528

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: _Thomas H. Farjad_   Thomas H. Farjad   10/21/03   561-248-6905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

600 + 150 + 150 + 875 $908.75