

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAY -2 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **AAAM, Inc.**

1. Corporation Name

**P01000045972**

2. Principal Office Address

3. Mailing Office Address

**7755 YARDLEY DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**D-104**

City & State

City & State

**Tamarac, FL**

Zip

Country

Zip

Country

**33321**

**USA**

**300017876693**

**05/02/03--01049--022 \*\*300.00**

4. Date Incorporated or Qualified  
To Do Business in Florida

**5-8-01**

5. FEI Number

**65-1102192**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$375 Additional Fee required  
for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

Name

**ANN MANDEL**

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

**7755 Yardley Drive**

Suite, Apt. #, Etc.

**D-104**

City

**Tamarac**

State

**FL**

Zip Code

**33321**

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

*Ann Mandel*

REGISTERED AGENT MUST SIGN

Date

**4-4-03**

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
President	Ann Mandel	7755 YARDLEY DR., D-104	Tamarac FL 33321

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

*Ann Mandel*

Date

**4-24-03**

Daytime Phone #

**(954) 722-2956**

CR2E081 (10/02)

4-24-03

Per our phone conversation I am enclosing an application for reinstatement of the corporation.

I moved twice in two years and was never informed by the attorney how to receive my yearly renewal.

The check for \$300 is also enclosed for the two years. My new address is as follows:

AAMM, Inc.

c/o Ann Mandel

7755 Yardley Dr., D-104

Tamarac, FL 33321

Please let me know that this is taken care of. Thank you.

Ann Mandel