

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 DEC 22 PM 5:10

SECRET
TALLAHASSEE, FLORIDA

700062352157

REINSTATEMENT 02-06
OR2E081 (8/05)

DOCUMENT # PO1000075824

1. Corporation Name
A+A International Consultants INC

2. Principal Office Address
813 W Platt St.
Suite, Apt. #, etc.

3. Mailing Office Address
SAME
Suite, Apt. #, etc.

City & State
TAMPA FL

City & State

Zip
33606

Country
Hillsborough

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida
8/2/2001

5. FEI Number
59-3733796

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
Alec Velasquez
Street Address (P.O. Box Number is Not Acceptable)
4141 Bayshore Blvd 1104
Suite, Apt. #, Etc.
City
TAMPA State FL Zip Code 33611

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 [Signature] Date 12/16/05
REGISTERED AGENT MUST SIGN

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 |
|-------------|-----------------------------------|--|-----------------------|
| <u>CEO</u> | <u>Alec Velasquez</u> | <u>4141 Bayshore 1104</u> | <u>Tampa FL 33611</u> |
| <u>Secy</u> | <u>Astriaid Martinez</u> | <u>4141 Bayshore 1104</u> | <u>Tampa FL 33611</u> |
| | | | |
| | | | |
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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: Astriaid Martinez Pres Secretary 12/16/05 713-251-2888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



CORPORATION SERVICE COMPANY

2052

ACCOUNT NO. : 072100000032

REFERENCE : 774090 7513692

AUTHORIZATION

Spudde man

COST LIMIT : \$ 1200.00

ORDER DATE : December 22, 2005

ORDER TIME : 11:26 AM

ORDER NO. : 774090-005

CUSTOMER NO: 7513692

DOMESTIC FILINGS

NAME: A & A INTERNATIONAL
CONSULTANTS, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Cindy Harris - Ext# 2937

EXAMINER'S INITIALS _____

STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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