


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

CORPORATION REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FILED
Q5 DEC 22 PM 5:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P010000075824**

1. Corporation Name **A+A International Consultants INC**

700062352157

2. Principal Office Address 813 W Platt St.		3. Mailing Office Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TAMPA FL		City & State	
Zip 33606	Country Hillsborough	Zip	Country

REINSTATEMENT 02-06

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

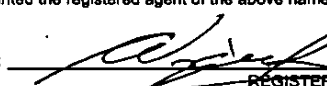
Name **Alec Velasquez**

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.

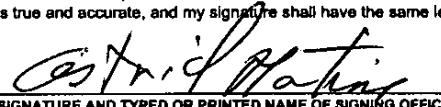
Signature of Registered Agent  Date **12/16/05**

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
CEO	Alec Velasquez	4141 Bayshore 1104	Tampa FL 33611
Secy	Astria Martinez	4141 Bayshore 1104	Tampa FL 33611

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:  **Astria Martinez** **Prod Secretary** Date **12/16/05** 713-251-2881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



CORPORATION SERVICE COMPANY

2052

ACCOUNT NO. : 072100000032

REFERENCE : 774090 7513692

AUTHORIZATION

Spurlockman

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

05 DEC 22 PM 12:33

RECEIVED