

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 OCT 18 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000000261

**1. Corporation Name**

AGA SERVICES, INC.

358 E. Dania beach blvd.

358 E. Dania beach blvd.

**2. Principal Office Address**

358 E. Dania beach blvd.

**3. Mailing Office Address**

358 E. Dania beach blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Dania FL

City & State

Dania FL

Zip

33004

Country

USA

Zip

33004

Country

USA

**4. Date Incorporated or Qualified**

To Do Business in Florida 01/02/2002

**5. FEI Number**

260010542

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 03/04

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

Name

Angelo Vasquez

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

1933 Madison st.

Suite, Apt. #, Etc.

City

Hollywood

State  
FL

Zip Code  
33020

200041914802  
10/18/04--01004--013 \*\*900.00

**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

*Angelo Vasquez*

REGISTERED AGENT MUST SIGN

Date 10/12/2004

**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
P	Angelo Vasquez	1933 Madison st.	Hollywood, FL 33020
V	Jose Vasquez	1933 Madison st.	Hollywood, FL 33020

**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:

*Angelo Vasquez*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/2004

Date

954-929-9823

Daytime Phone #

CR2E081 (01/04)