


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

FILED
05 JUN -2 PM 8:41
CLERK OF THE COURT
JANET HARRIS

05

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P02000034161

1. Corporation Name
A + A UN Limited OF Gouper City, Inc

2. Principal Office Address <u>8809 Barry Burrell Rd</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>8809 Barry Burrell Rd</u> Suite, Apt. #, etc.	
City & State <u>PT. ST. LUCIE, FL.</u>		City & State <u>PT. ST. LUCIE, FL.</u>	
Zip <u>34986</u>	Country <u>PT. ST. LUCIE</u>	Zip <u>34986</u>	Country <u>PT. ST. LUCIE</u>

4. Date Incorporated or Qualified To Do Business in Florida March, 28, 2002

5. FEI Number 01-0656552

Applied For	Not Applicable
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6. CERTIFICATE OF STATUS DESIRED ☐ **\$8.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name Al Cicchese

Street Address (P.O. Box Number is Not Acceptable) 8809 Barry Burrell Rd.

Suite, Apt. #, Etc.

City PT. ST. LUCIE

State FL **Zip Code** 34986

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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** 5-21-05

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>Pres.</u>	<u>Al Cicchese</u>	<u>8809 Barry Burrell Rd</u>	<u>PT. ST. LUCIE FL 34986</u>

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] **DATE** 5-21-05 **Daytime Phone #** 954-202-0808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2001 (01/05)

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**CROWN REAL ESTATE
and
MANAGEMENT GROUP**

202

TO: Division of Corporations

FROM: Al Cicchese / Crown Real Estate Management
Group, Inc. / A&A Unlimited of Cooper City, Inc.

RE Corp. Renewal

Date 5-28-05

Please be advised that my address changed as of
November 1, 2004 to 8809 Bally Bunion Rd., Pt. Saint Lucie
Fl. 34986. My renewal was never forwarded to me at my new
address and I thought I had until the end of May to renew. I
have never been late to renew these corporations. Please
wave the penalty and accept my renewal checks.

Sincerely,


AL Cicchese