

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000048549

1. Corporation Name

A & A INVESTIGATIONS, INC.

REINSTATEMENT 05

T. Roberts NOV 30 2005

800061791498
11/30/05--01039--003 ***300.00

CR2E081 (8/05)

2. Principal Office Address

1204 SW 145 AVE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33184

Country

UNITED STATES

3. Mailing Office Address

SAME AS LEFT

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

4/29/02

5. FEI Number

75-3052537

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

ANTONIO MIR

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

1204 SW 145 AVE

Suite, Apt. #, Etc.

City

MIAMI, FL 33184

State

FL

Zip Code

33184

FILED
05 NOV 30 PM 1:05
TALLAHASSEE
SECRETARY OF STATE

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

Antonio Mir

REGISTERED AGENT MUST SIGN

Date

11/11/05

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.D	ANTONIO MIR	1204 SW 145 AVE	MIAMI, FL 33184
VP.D	ILEANA MIR	1204 SW 145 AVE	MIAMI, FL 33184
T.D	ALEXANDER MIR	1204 SW 145 AVE	MIAMI, FL 33184

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:

Antonio Mir ANTONIO MIR, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/14/05

Daytime Phone #

786-271-0365