

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 23 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000090897

1. Corporation Name

A&A A/C AND RESTAURANT EQUIPMENT INC

Principal Place of Business

Mailing Address

4717 SW 28TH AVE
FT LAUDERDALE FL 33312

4717 SW 28TH AVE
FT LAUDERDALE FL 33312



REINSTATEMENT 03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/21/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1450 S. DIXIE HIGHWAY
EAST
POMEROY BEACH, FL

1450 S. DIXIE HIGHWAY
EAST
POMEROY BEACH, FL

FEI Number

161623386

Applied For

Not Applicable

Zip

Country

33060

U.S.A.

Zip

Country

33060

U.S.A.

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	ALDICK, ABDEL	4717 SW 28 AVE	FT LAUDERDALE FL 33312

200024056192
10/23/03--01084--007 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LABIB BALTAGI CPA, INC
701 NE 125 ST
N. MIAMI FL 33161

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10-13-03

11. 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)(l), 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:

Abdel Aldick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-13-03 954 941-4131

CR2E040 (7/03)

To whom it may concern.

The annual report that I must do had arrived to my address on the twenty 20th of September and there is no way that I can fill it and send it to you before the due date.

Your understanding to this matter is greatly appreciated.

Sincerely

AD

Abdel Adick