PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETIN

SECRETARY OF STATE DIVISION OF CORPORATIONS:

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04	NOV	-9)	AM	8:	00	

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # PO2000107851						
1. Corporation Name						
AIA FRAMENC, INC.						

DOCUMENT # POOC 1. Corporation Name AIA FRANCES	-		REINSTATEME	NT 04		
2. Principal Office Address	3. Mailing O	ffice Address	G Amaga	2 (
6892 CYPRESS POIN				$\mathbf{M} \mathcal{P} \wedge \mathbf{M}$		
Suite, Apt. #, etc.	Suite, Apt. #,	etc.		7/1/		
			4. Date Incorporated or Qualified To Do Business in Florida	07/02		
City & State	City & State		5. FEI Number	Applied For		
ST. AUGUSTINE, FL.	Zip	Country	<u> 4/-2064089 </u>	Not Applicable		
32086 Country U.S.A	-25	Country	CERTIFICATE OF STATUS DESIRED (.75 Additional Fee required for a Certificate of Status		
	7. N	lame and Address of Current F	Registered Agent			
Name ISSAC	S. ARMLEN					
Street Address (P.O. Box Nu	imber is Not Acceptable)	<i>0</i> 8				
Suite, Apt. #, Etc.				Ī		
ST. AUGUST	INE		State Zip Code FL 35086			
8 I haing appointed the registered agent	of the above named come	vertion, am familiar with and acce	ent the obligations of section 607 0505 or 617 0503 E.S			

Signature of Registered Agent Date 10/27/04 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			
\Box	ISAAC ARMLIN	6892 CYPRESS POEMS JR. ST. AUGUSTEVE, PR. 3500% —	→			
D	RICK ARMLIN	6892 CYPRESS POTUT DR.	ST. AUGUSTONE, FC SONS			
0	JAMES RUMPY	6992 CHPRESS PART DR.	ST. Augustime, Fr 32006			
		11/09	10042607036 /0401068017 **150.00			
40.1	4					

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



October 27, 2004

A1A Framing, Inc. **6892 Cypress Point Drive** St. Augustine, FL 32086-7957

Doc#:P02000107851

Dear Sir/Madam,

It has recently come to my attention that the 2004 Uniform Business Report, for the above taxpayer, has yet to be filled. The original document was never received by the taxpayer, nor was a late fee notice received. The only receipt of documentation received was the final notice of dissolution, which we are now responding to. We, therefore request that any and all late fees be waived. Enclosed is the \$150 amount due for the Annual Business Report. We appreciate your attention to this matter.

business + individual:

kenneth r. kresge, cpa

benjamin l. platt, cpa, mba, cva

william t. abare III, cpa, macc

financial management consulting

income * estate planning

federal & state tax preparation

auditing + attestation services

accounting & compilation services

Thank you on behalf of the taxpayer,

Darrell Philip Salvia

Seenll Alin

Staff Accountant Kresge, Platt, & Abare, PLLC 1200 Plantation Island Drive Suite 230 St. Augustine, FL 32080

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tel.

904.460.0747

904.460.0947

email. info@kpacpa.com

www.kpacpa.com

1200 plantation island drive suite 230

anint augustina florida 32080