

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10fz

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 OCT 25 PM 3:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03-04

DOCUMENT # 02000111481

1. Corporation Name  
Aim Ventures, Inc

5201 Blue Lagoon Drive  
Same

2. Principal Office Address  
5201 Blue Lagoon Drive

3. Mailing Office Address  
Same

Suite, Apt. #, etc.  
8th Floor

Suite, Apt. #, etc.

City & State  
Miami, Florida

City & State

Zip  
33126

Country  
USA

Zip  
Country

09-22-04 01032 002 \$300.00

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
20-1776483

☒ 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  
Alexander Barrios

Street Address (P.O. Box Number is Not Acceptable)  
5201 Blue Lagoon Drive

Suite, Apt. #, Etc.  
8th Floor

City  
Miami

State  
FL

Zip Code  
33126

REINSTATEMENT

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]*

REGISTERED AGENT MUST SIGN

Date 10/21/2004

**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
PRES	ALEXANDER BARRIOS	5201 BLUE LAGOON DRIVE, 800	MIAMI, FLORIDA 33126
VP	ALESSANDRA P. BARRIOS	5201 BLUE LAGOON DRIVE	MIAMI, FLORIDA 33126

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]* Alexander Barrios  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/2004  
Date

305.883.5568  
Daytime Phone #

CR2E081 (01/04)

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**Aim Ventures, Inc.**

5201 Blue Lagoon Drive Suite 800  
Miami, Florida 33126  
Tel: 305.883.5568 Fax: 305.883.2905

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

October 20, 2004

This letter is to serve as a request to waive the penalty associated with our late annual report filing. We had not filed the annual report because we had never received the notice. Enclosed you will find the \$300.00 fee as requested for the reinstatement of our corporation along with a completed reinstatement application.

If you have any questions or which to contact me for any reason please do not hesitate to call at 305.883.5568.

Sincerely,

  
Alexander Barrios  
President