

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 SEP 27 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000123661

1. Corporation Name

American Elevator Sales Service Inc.

2. Principal Office Address

3389 Sheridan Street
Suite, Apt. #, etc.
#173

City & State
Hollywood, FL

Zip Country
33021 USA

3. Mailing Office Address

3389 Sheridan Street
Suite, Apt. #, etc.
#173

City & State
Hollywood

Zip Country
33021 USA

800041214738

09/21/04--01054--005 **300.00

REINSTATEMENT 03-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/20/2002

5. FEI Number

07-0754284

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
Jose F. Sanchez

Street Address (P.O. Box Number is Not Acceptable)
1912 NW 98th Avenue

Suite, Apt. #, Etc.

City
Pembroke Pines

State Zip Code
FL 33024

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

REGISTERED AGENT MUST SIGN

Date 9/13/04

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	Jose F. Sanchez	1912 NW 98th Avenue	Pembroke Pines, FL 33024

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/13/04 954-588-788

CF2E081 (01/04)



AMERICAN ELEVATOR SALES & SERVICE, INC.

13 2 92

September 13, 2004

Department of State
Divisions of Corporations
P.O.Box 6327
Tallahassee, FL 32314

RE: American Elevator Sales Service, Inc. Document Number: P02000123661

To Whom It May Concern:

This letter is a request to waive the reinstatement fee of \$600.00 for American Elevator Sales & Service, Inc. due to an error in the mailing address. We have not received any notification or status report since the corporation was opened. Please take this into consideration. Thank you for your time.

The correct address is 3389 Sheridan Street #173, Hollywood, FL 33021 (Also on Form)

Respectfully,


Jose Sanchez
President

3389 SHERIDAN STREET * SUITE 173 * HOLLYWOOD * FL * 33021
PHONE: 954-458-3313 * FAX: 954-458-0655