PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
10 JAN -4 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

900163787149
12/28/09--01038--002 **150.00

900163787149
12/18/09--01037--010 **458.75

(CR2E081)(11/09)

DOCUMENT # P0300020928

1. Corporation Name

A & I Associates, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
370 NE 101st Street	370 NE 101st Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Shores	City & State: Miami Shores
Zip: 33138 Country: USA	Zip: 33138 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 2003

5. FEI Number: 510448630 ☐ 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: VICTOR J. BRUCE

Street Address (P.O. Box Number is Not Acceptable): 370 NE 101ST STREET

Suite, Apt. #, Etc.:

City: MIAMI SHORES State: FL Zip Code: 33138

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not *received and requesting the reinstatement* fee be waived.

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 _____ Date 12-15-09
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
President	Victor J. Bruce	370 NE 101st Street	Miami Shores, Florida 33138
Vice President	Marcela Bruce	370 NE 101st Street	Miami Shores, Florida 33138

10. **E-mail Address:** vbruce@ai-associates.net
(To be used for future annual report notification)

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. I further certify, 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: _____ Victor J. Bruce 12-15-09 305.310.5030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #