PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM FOR

FELAGE NEAD	ALL INSTRUCT	IONS DEI ONE C	OWII LETIN	G THIS FORWI.	- 0	
CORPORATION REINSTATEMENT	Secretary of State		FILED 06 JAN 24 PH 4: 20			
DOCUMENT# 1. Corporation Name AAA Interretional, Corp P03000043298			SECRETALM CHIGTATE TALLAHASSER, ELGADA			
2. Principal Office Address U 200 5.00. 53 Pbd Suite, Apt. #, etc.	05.10.53° ld. Same		500065580975 02/10/0601050021 **450.00 cr2E081 (12/05)			
# 9				4. Date Incorporated or Qualified To Do Business in Florida		
City & State Davie, H	City & State		5. FEI Number			
Zip Country	Zip	Country	6. CERTIFICATE OF	S8.75	Additional Fee required a Certificate of Status	
7. Name and Address of Current Registered Agent						
Name Abdul Fuencs Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. Suite, Apt. #, Etc.						
city Davie, F	-1			State Zip Code FL 33314		
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						
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 Director	ors	Street Address of Each Officer and/or Director		City / State /	Zip	
D Angel Portale	tin 426	20560.53	J. C	Davie, Fl	33314	
W. Nabdul Fuer	labdul Fuentes 42005.W.5		2 <u>0</u>	Davie, F	1. 33314	
S. yolando Sil	veira 421	00512.53	CA.	Davio, Fl.	333H	
M ama Madi	nga 42	<u>00 5.w.</u>	536H	Dayle, F	1.33514	
	J	DEM	1 3 3 5 8 P M/2 V	may-	36/31/0	
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 filling 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 contained in Chapter 119, 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 Date						

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JANUARY 31, 2006

DIVISION OF CORPORATIONS

I AM REQUESTING A WAIVER OF MY REINSTATE FEE FOR THE FOLLOWING CORPORATION: AAA INTERNATIONAL CORP. I NEVER RECEIVED NOTICE OF MY 2004 RENEWAL NOTICE.

ABDUL FUENTES