

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000064502

1. Corporation Name

A&E NUMBER 1 SERVICES CORP

2. Principal Office Address

1180 WILDWOOD LAKES BLVD

Suite, Apt. #, etc.

204

City & State

NAPLES FL 34104

Zip

Country

3. Mailing Office Address

1180 WILDWOOD LAKES BLVD

Suite, Apt. #, etc.

204

City & State

NAPLES FL 34104

Zip

Country

REINSTATEMENT

CR2E081 (8/05)

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

06/10/2003

5. FEI Number

51-0469830

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

ELIZABETH BERMUDEZ

Street Address (P.O. Box Number is Not Acceptable)

1180 WILDWOOD LAKES BLVD APT 204

Suite, Apt. #, Etc.

204

City

NAPLES

State

FL

Zip Code

34104

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

Elizabeth Bermudez
REGISTERED AGENT MUST SIGN

Date 10-28-05

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	GOMEZ ABIGAIL	746 16th st NE	WINTER HAVEN FL 33881

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:

Abigail Gomez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-28-05 239-6948211

Date

Daytime Phone #