

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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ATX1

FLORIDA DEPARTMENT OF STATE

CORPORATION
REINSTATEMENT

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 16 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03 000019194

1. Corporation Name

AIM STRAIGHT PROMOTIONS INC

2. Principal Office Address

920 REFLECTIONS CIRCLE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

CASSELBERRY, FL

Zip

Country

Zip

Country

32707

ORANGE

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

MONTEZ HARRIS

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

920 REFLECTIONS CIRCLE

Suite, Apt. #, Etc.

City

CASSELBERRY

State Zip Code

FL 32707

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 11/3/2004

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 / Street / Zip
CEO	MONTEZ HARRIS	920 REFLECTIONS CIRCLE	CASSELBERRY, FL. 32707
VIP	ERIC HARRIS	920 REFLECTIONS CIRCLE	CASSELBERRY, FL. 32707

will wait

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

11/3/2004

Date

Daytime Phone #

2012

TO WHOM IT MAY CONCERN:

I MONTEZ HARRIS THE OWNER OF "AIM STRAIGHT PROMOTIONS INC." DID NOT RECEIVE THE UNIFORM BUSINESS REPORT FOR MY BUSINESS. THIS IS THE REASON FOR ME NOT PAYING MY BILL TO THIS ORGANIZATION ON TIME. BUT TO DAY I'M WILLING AND READY TO HANDLE MY OUT STANDING BALANCE WITH YOUR COMPANY, SO THAT I CAN REINSTATE MY CORPORATION AND THEN RESTORE MY GOOD FAITH WITH THE DIVISION OF CORPORATIONS.

IF THERE ARE ANY QUESTIONS OR CONCERNS PLEASE FEEL FREE TO CALL.

THANK YOU

MONTEZ HARRIS