

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000006318

1. Entity Name
AEA AUTO BROKERS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC - 5 PM 12:13

Principal Place of Business
50 SE 32 COURT
FORT LAUDERDALE, FL 33316 US

Mailing Address
50 SE 32 COURT
FORT LAUDERDALE, FL 33316 US

2. Principal Place of Business

500 SE 32 Ct.

Suite, Apt. #, etc.

3. Mailing Address

757 SE 17 St.

Suite, Apt. #, etc.

732

City & State

Fort Lauderdale, FL

City & State

ft. Lauderdale FL

Zip

33316

Country

USA

Zip

33316

Country

USA

12022005

REIN-P

CR2E098 (6/04)

4. FEI Number

70-0612272

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KUPFERMAN, SCOTT M
757 SE 17TH STREET #732
FT. LAUDERDALE, FL 33316-2960

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

Scott Kuperman

(NOTE: Registered Agent signature required when reinstating)

11-30-05

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME HUPFERMAN, JOEL ☐ Delete
STREET ADDRESS 4310 SHERIDAN STREET, #202
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE D
NAME KUPFERMAN, SCOTT M ☐ Delete
STREET ADDRESS 757 SE 17TH STREET, #732
CITY-ST-ZIP FORT LAUDERDALE, FL 333162960

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 200061913222
STREET ADDRESS 12/05/05--01062--001
CITY-ST-ZIP **150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott Kuperman

11/30/05

Date

954-825-1212

Daytime Phone #