

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
08 FEB 15 PM 3: 20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P04000105558**

**1. Corporation Name**

Four A Solutions Inc

**2. Principal Office Address - No P.O. Box #**

3900 NW 179 Ave

Suite, Apt. #, etc.

440

City & State

Miami

Zip

33166

Country

USA

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT** 05-08  
CR2E081 (12/07)

**4. Date Incorporated or Qualified  
To Do Business in Florida** 07 / 15 / 2004

**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

Alex Arrieta

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

1971 SW 62nd Ave

Suite, Apt. #, Etc.

City

Miami

State  
**FL**

Zip Code  
33155

☒ 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

*Alex Arrieta*

REGISTERED AGENT MUST SIGN

Date 02/08/2008

**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
PDT	Maritza Suarez	8367 West 14 Court	Hialeah / Florida / 33014

600120012146  
03/12/08--01005--003 \*\*600.00

**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 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:**

*Alex Arrieta*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/08/2008 (305)491-4495

Date

Daytime Phone #

PC 2/15