2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 29 PM 12:06

DOCUMENT # P05000001328

1. Entity Name
AE AMERICAN ENTERPRISES, INC.

Principal Place of Business	Mailing Address
999 BRICKELL AVENUE STE 700 MIAMI, FL 33131	999 BRICKELL AVENUE STE 700 MIAMI, FL 33131

03262008 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
329 Granello Ave	339 GRANELLO AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Gables FL	City & State: CORAL GABLES, FL
Zip: 33146 Country: USA	Zip: 33146 Country: USA

4. FEI Number: 71-0664321 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROCCA, GIADA 999 BRICKELL AVE STE 700 MIAMI, FL 33131	Name: UNITED Registered AGENTS (States) Street Address (P.O. Box Numbers Not Acceptable): 329 GRANELLO AVE City: CORAL GABLES FL Zip Code: 33146

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $800.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAPPAGLI, ENRICO 999 BRICKELL AVE #700 MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100130910111 06/05/08--01037--011 **900.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CAPPAGLI, ENRICO 999 BRICKELL AVE #700 MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAPPAGLI, GIORGIO 999 BRICKELL AVE #700 MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition D 6/2/08
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition REINSTA 07-08
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 — Date — Daytime Phone #