PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
06 NOV 17 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000003579

1. Corporation Name
AAA Construction Group Inc

10/25/06 01004 001 - #750.00

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
23 B Wellwood LN	423 Ocean Pkwy
Suite, Apt. #, etc.	Suite, Apt. #, etc. 1A
City & State: Palm Coast FL	City & State: Brooklyn NY
Zip: 32164 Country: USA	Zip: 11218 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 1/10/2005

5. FEI Number: 20-2121412 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ See (7) Additional Information required for a certificate of status

7. Name and Address of Current Registered Agent

Name: Andrus Poder

Street Address (P.O. Box Number is Not Acceptable): 23 B Wellwood LN

Suite, Apt. #, Etc.:

City: Palm Coast State: FL Zip Code: 32164

REINSTATEMENT

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: Andrus Poder Date: 10/30/06
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 / State / Zip
president	Andrus Poder	23 B Wellwood LN	Palm Coast FL 32164

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.

347365-8042

SIGNATURE: Andrus Poder Andrus Poder 10/30/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #