

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 SEP 15 AM 9:29

DOCUMENT # P05000065564

1. Corporation Name

AAA Bobcat Services, Inc.

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

11360 SW 56th St

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33165

Country

USA

3. Mailing Office Address

11360 SW 56th St

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33165

Country

USA

CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

05/04/2005

5. FEI Number

56-251 3320

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

Joseph Encinosa

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

11360 SW 56th St

Suite, Apt. #, Etc.

City

Miami, FL

State

FL

Zip Code

33165

☒ 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

*Joseph Encinosa*

REGISTERED AGENT MUST SIGN

Date 9/12/08

**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
P	Jose Encinosa	11360 SW 56th St	Miami, FL, 33165
T/S	Joseph Encinosa	11360 SW 56th St	Miami, FL, 33165
		09/11/08	600135851246
		REINSTATEMENT 06-08	09/19/08--01045--005 ***450.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Joseph Encinosa*

9/12/08

Date

Daytime Phone #

305-333-5102