

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB -6 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000149986

1. Corporation Name

AAA ASSETS, INC

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

204 E MARTIN L KING JR BLVD

3. Mailing Office Address

204 E MARTIN L KING JR BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33603

Country

HILLSBOROUGH

Zip

33603

Country

HILLSBOROUGH

REINSTATEMENT 07-09
CR2E081 (12/08)
JC 2/9

4. Date Incorporated or Qualified
To Do Business in Florida 11/14/2005

5. FEI Number
20-3760449

☐ 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

ROBIN KREMER

Street Address (P.O. Box Number is Not Acceptable)
204 E MARTIN L KING JR BLVD

Suite, Apt. #, Etc.

City
TAMPA

State
FL

Zip Code
33603

☐ 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

Robin Kremer
REGISTERED AGENT MUST SIGN

Date 01/26/2009

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
PRES	ROBIN KREMER	204 E MARTIN L KING JR BLVD	TAMPA, FL 33603
			100143025241 02/09/09--01039--018 **1050.00

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:

Robin Kremer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBIN KREMER-PRES

01/26/09

Date

Daytime Phone #