

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P06000004641

1. Corporation Name

AGG, INC.

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

650 W. POPE RD

Suite, Apt. #, etc.

271

City & State

ST AUGUSTINE

Zip

32080

Country

US

3. Mailing Office Address

650 W POPE RD

Suite, Apt. #, etc.

271

City & State

ST AUGUSTINE

Zip

32080

Country

US

**REINSTATEMENT** 07-08<sup>KS</sup>

4. Date Incorporated or Qualified  
To Do Business in Florida 1/9/06

5. FEI Number  
06-1781395

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

SAVINO SANCHEZ

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

650 W. POPE RD

Suite, Apt. #, Etc.

271

City

ST AUGUSTINE

State

FL

Zip Code

32080

☒ 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

REGISTERED AGENT MUST SIGN

Date

11/20/08

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	SAVINO SANCHEZ	650 W. POPE RD	ST AUGUSTINE FL 32080
		11/04/08-01018-004 \$150.00	
		300138226783	
		11/24/08--01016--021 **193.75	

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

11/20/08

Date

904-540-4300

Daytime Phone #