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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 MAR -4 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P06000092435**

1. Corporation Name

AEG Enterprise Inc

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

10773 NW 58 ST

Suite, Apt. #, etc.

144

City & State

DORA FL

Zip

33178

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

CR2E081 (1/07) **07-08**

4. Date Incorporated or Qualified
To Do Business in Florida

7/12/06

5. FEI Number

☒ 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

Eurides Perez

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

10773 NW 58 ST

Suite, Apt. #, Etc.

144

City

DORA FL

State

FL

Zip Code

33178

☐ 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

Date

2/26/08

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
P/S	Eurides Perez	10773 NW 58 ST #144	DORA FL 33178
T	Abdiel Gonzalez	10773 NW 58 ST #144	DORA FL 33178

000120750080
03/19/08--01036--010 **300.00

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

E Perez

Date

2/26/08 305-224-7526

Daytime Phone #

Cl. Mitchell MAD

2082

AEG Enterprise, Inc.
10773 N W 58 St #144
Miami, FL 33178
305) 224-7526

February 26, 2008

Florida Department of State
Division of Corporation

Re: P06000092435
Uniform Annual Report

Dear Secretary of State:

Please accept enclosed check in the amount of \$300.00 as full payment to pay for annual report and put the corporation up to date prior notices of annual report was not received.

Your cooperation in this matter will be greatly appreciated. If there is any question do not hesitate to call or write.

Sincerely yours


Eurides Pérez
Director