

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB 11 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000008599

1. Corporation Name

AAAUTS INC

100168548291
02/17/10--01032--013 **450.00

REINSTATEMENT 08-10
CR2E081 (11/09)

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

2775 KIOWA AVE

Suite, Apt. #, etc.

3. Mailing Office Address

2775 KIOWA AVE

Suite, Apt. #, etc.

City & State

ORANGE ~~PAKE~~ *PARK*

City & State

ORANGE ~~PAKE~~ *PARK*

Zip

32065

Country

USA

Zip

32065

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/19/2007

5. FEI Number

74-3195130

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

JASON D MELFORD

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

2775 KIOWA AVE

Suite, Apt. #, Etc.

☒ 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.

City

ORANGE ~~PAKE~~ *PARK*

State

FL

Zip Code

32065

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

Jason D Melford
REGISTERED AGENT MUST SIGN

Date 02/09/2010

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	JASON D MELFORD	2775 KIOWA AVE	ORANGE PAKE, FL 32065

10. E-mail Address: LEON@LH-BOOKKEEPING.COM

(To be used for future annual report notification)

11. 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. I further certify, 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:

Jason D Melford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/09/2010 904-226-1711

Date

Daytime Phone #