

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 DEC -7 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **007000017125**

1. Corporation Name

AAA Box Outlet, Inc

W1-52768

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

8054 Washington St.

Suite, Apt. #, etc.

3. Mailing Office Address

8054 Washington St.

Suite, Apt. #, etc.

City & State

Port Richey, Florida

City & State

Port Richey, Florida

Zip

34668

Country

US

Zip

34668

Country

US

000187593730
11/09/10--01033--010 **300.00

REINSTATEMENT

08-10

4. Date Incorporated or Qualified
To Do Business in Florida **02/07/2007**

5. FEI Number
20-8390654

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

Salimah Singh Space

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

8054 Washington St.

Suite, Apt. #, Etc.

City

Port Richey

State

FL

Zip Code

34668

☒ 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

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	Singh, Salimah M MS	8054 Washington St.	Port-Richey 000187593730 12/07/10--01040--001 **758.75

10. E-mail Address:

(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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-670 787-967-4120

12/8aw