

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
12 SEP 12 PM 2 27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO7000056764

1. Corporation Name

AAA PLUS MAINTENANCE SERVICES INC

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

12875 NE 14th Ave

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

N. MIAMI FL

City & State

Zip

33161

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

26-0140370

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

Frantz Paul

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

6308 SW 22nd CT

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33023

500239539585
09/12/12--01031--005 **900.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

08/31/12

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	FRANTZ PAUL	6308 SW 22 nd CT	HOLLYWOOD, FL 33023
OFF	JEAN D. PARAISSON	5901 MANCHESTER WAY	TAMARAC, FL 33321

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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/31/12

Daytime Phone #