

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000123709

1. Entity Name
AAY SERVICES, INC.



FILED

09 APR 20 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04012009 REIN-P CR2E098 (1/07)

Principal Place of Business
1892 ABBEY RD., #F
WEST PALM BEACH, FL 33415

Mailing Address
1892 ABBEY RD., #F
WEST PALM BEACH, FL 33415

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number
26-1431600

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ABDELFATTAH, YAMEN N.
1892 ABBEY RD., #F
WEST PALM BEACH, FL 33415

Name
MOHAMAD FALAH
Street Address (P.O. Box Number is Not Acceptable)
1892 ABBEY RD #F
City
WEST PALM BEACH FL Zip Code
33415

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Yamen ABDELFATTAH
(NOTE: Registered Agent signature required when reinstating)

4/13/09
DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
NAME ABDELFATTAH, YAMEN N.
STREET ADDRESS 1892 ABBEY RD., #F
CITY-ST-ZIP WEST PALM BEACH, FL 33415

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME FALAH, MOHAMAD
STREET ADDRESS 1892 ABBEY RD., #F
CITY-ST-ZIP WEST PALM BEACH, FL 33415

TITLE ☐ Change ☐ Addition
NAME 900148822879
STREET ADDRESS 04/06/09--01045--033 **150.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 900148822879
STREET ADDRESS 04/22/09--01006--012 **158.75
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/01/2009 561-504-0243
Date Daytime Phone #