

P09000036155

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(City/State/Zip/Phone #)

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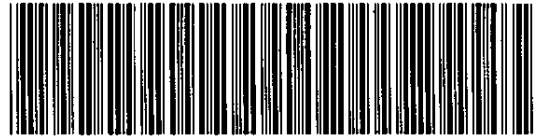
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAY -4 AM 10:19

Roberts/MAY 11 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AAA UNION RESTORATION INC.
Name of Corporation

DOCUMENT NUMBER: P09000036155

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ABRAHAM BENCHIMOL
Name of Contact Person

AAA UNION RESTORATION INC.
Firm/Company

5450 STATE RD 7
Address

DANIA BEACH, FL 33312
City/State and Zip Code

ADMIN@UNIONRESTORATION.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ABRAHAM BENCHIMOL at (954) 687-4600
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | |
|--|---|
| <input checked="" type="checkbox"/> \$35.00 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status |
| <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$52.50 Filing Fee, Certificate of Status & Certified Copy |

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF CORRECTION

for

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAY -4 AM 10:19

AAA UNION RESTORATION INC

Name of Corporation as currently filed with the Florida Dept. of State

PO9000036185

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct ARTICLES OF INCORPORATION
(Document Type Being Corrected)

filed with the Department of State on 04/23/2009
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

REGISTERED AGENT NAME & ADDRESS

KRAMERMAN, JOSEPH

5920 S.W. 45TH WAY DANIA BEACH, FL. 33314

OFFICER / DIRECTOR DETAIL

TITLE: VP KRAMERMAN, JOSEPH

5920 S.W. 45TH WAY DANIA BEACH, FL. 33314

Correct the inaccuracy, incorrect statement, or defect:

REGISTERED AGENT NAME & ADDRESS

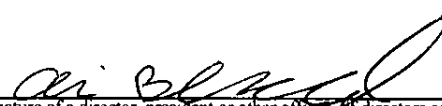
BENCHIMOL, ABRAHAM

5450 STATE RD 7 DANIA BEACH, FL. 33312

OFFICER / DIRECTOR DETAIL

BENCHIMOL, ABRAHAM TITLE: PRESIDENT

5450 STATE RD 7 DANIA BEACH, FL. 33312


(Signature of a director, president or other officer - All directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

ABRAHAM BENCHIMOL

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00