

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 DEC -7 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P10000042033

1. Corporation Name

AOLAS Corporation

Handwritten signature

REINSTATEMENT 11-12
CR2E081 (11/10)

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

8370 W. Flagler Street

Suite, Apt. #, etc.

Suite 110K

City & State

Miami

Zip

33144

Country

Miami- Dade

3. Mailing Office Address

8370 W. Flagler St.

Suite, Apt. #, etc.

Suite 110K

City & State

Miami

Zip

33144

Country

Miami-Dade

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒

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

Oviedo-Reyes, Alfonso

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

8370 W. Flagler St.

Suite, Apt. #, Etc.

Suite 110K

City

Miami

State

FL

Zip Code

33144

000242557050
12/07/12--01041--006 **\$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

Handwritten signature of Alfonso Oviedo-Reyes
REGISTERED AGENT MUST SIGN

Date 12/2/2012

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
PD	Oviedo-Reyes, Alfonso E.	8370 W. Flagler St., Suite 110K	Miami, Florida 33144
SD	Oviedo, Mario P.	8370 W. Flagler St., Suite 110K	Miami, Florida 33144

10. E-mail Address: Oviedo13@gmail.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., 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 § 817.155, F.S.

SIGNATURE:

Handwritten signature of Alfonso E. Oviedo-Reyes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12/02/2012

305-613-8409

Daytime Phone #