

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P13000011982

1. Corporation Name

AAA Consulting Services Inc

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

6510 S.W 63 AVE

Suite, Apt. #, etc.

3. Mailing Office Address

6510 S.W 63 AVE

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33143

Country

U.S.A

Zip

33143

Country

U.S.A

7. Name and Address of Current Registered Agent

Name

Vanessa Ortiz

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

6510 S.W 63 AVE

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33143

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

REGISTERED AGENT MUST SIGN

Date

06/08/2016

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
			REINSTATEMENT
			JUN 16 2017
			C. CARROTHERS

10. E-mail Address: vane01210@yahoo.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 s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/08/2016

Date

Daytime Phone #

(786) 531-6579

FILED  
2016 JUN 10 PM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
CR2E081 11/10X