

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 14 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000000761**

1. Corporation Name

A. A. JOE ROSE, INC.

2. Principal Office Address

4410 W 16 AVE

Suite, Apt. #, etc.

-28-G

City & State

HIALEAH

Zip

FL 33414

Country

USA

3. Mailing Office Address

11747 S.W. 112 AVE

Suite, Apt. #, etc.

City & State

MIAMI

Zip

33176-3916

Country

USA

200038529422
07/01/04--01015--009 **608.75

4. Date Incorporated or Qualified
To Do Business in Florida

12-29-1992

5. FEI Number

65-0376010

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

ELLIE McCullough

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

11747 S.W. 112 AVENUE

Suite, Apt. #, etc.

MIAMI, FL 33176-3916

City

MIAMI

State

FL

Zip Code

33176-3916

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

Ellie McCullough

REGISTERED AGENT MUST SIGN

Date **6-18-04**

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
PRES.	ELLIE McCullough	11747 S.W. 112 AVE	MIAMI, FL 33176-3916
V	LISA BURGER	12220 S.W. 109 AVE	MIAMI, FL 33176-4619

10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE

ELLIE McCullough
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-8-04
Date

Daytime Phone #

305-233-6206
Daytime Phone #

CR2ED81 (01/04)