

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # ~~137269~~ P94000064994

1. Corporation Name

A.A.G., INC.

2. Principal Office Address

353 S. US HWY 1

Suite, Apt. #, etc.

3. Mailing Office Address

353 S. US HWY 1

Suite, Apt. #, etc.

City & State

JUPITER, FLA.

Zip 33477 Country USA.

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JUPITER, FLA.

Zip 33477 Country USA.

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-11/16/00--01024--001

***1543.75 ***1500.00

4. Date Incorporated or Qualified
To Do Business in Florida

SEPT 15-1994

5. FEI Number

65-0518075

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED 18.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

TEO H. WORKMAN

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

187 S. HAMPTON DR.

Suite, Apt. #, Etc.

City

JUPITER

State

FL

Zip Code

33458

11/16/00
DC

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

Date 10-18-00

REGISTERED AGENT MUST SIGN

CR2081 (9/99)

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.	TEO H. WORKMAN	187 S. HAMPTON DR	JUPITER FL 33458

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: TEO H. WORKMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-18-00

Date

561-
743-
4177-

Daytime Phone #