

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE

**CORPORATION  
REINSTATEMENT**

**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 MAY -3 PM 3:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P94000078142

1. Corporation Name

A.A.A.-ALL COUNTY BUYERS, INC.

2. Principal Office Address

1140 Jefferson Street

Suite, Apt. #, etc.

3. Mailing Office Address

1140 Jefferson Street

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33019

Country

USA

City & State

Hollywood, FL

Zip

33019

Country

USA

**REINSTATEMENT** 916-01

4. Date Incorporated or Qualified  
To Do Business in Florida

10/25/1994

**SP**

5. FEI Number

65-0528004

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

Jo-Ann Hall

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

1140 Jefferson Street

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33019

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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

*Jo Ann Hall*

REGISTERED AGENT MUST SIGN

Date 05/02/2001

**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	Jo-Ann Hall	1140 Jefferson Street	Hollywood, FL 33019
S/T	Jo-Ann Hall	1140 Jefferson Street	Hollywood, FL 33019

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)(i), 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:**

*Jo Ann Hall*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/02/01

Date

954-920-8314

Daytime Phone #