

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2008 APR 22 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000105677

1. Corporation Name

AAA SUPPLIES, INC.

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

2027 NE 121 RD

Suite, Apt. #, etc.

City & State

N. MIAMI FL

Zip

33181

Country

3. Mailing Office Address

2027 NE 121 RD

Suite, Apt. #, etc.

City & State

N. MIAMI FL

Zip

33181

Country

4. Date Incorporated or Qualified
To Do Business in Florida

P97000105677

5. FEI Number

650800969

☐ 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

NELSON F BARKER

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

2027 NE 121 RD

Suite, Apt. #, Etc.

City

N. MIAMI

State

FL

Zip Code

33181

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 4-21-2008

REGISTERED AGENT MUST SIGN

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
P	NELSON F BARKER	2027 NE 121 RD	N. MIAMI FL 33181

REINSTATEMENT

05-08

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 contained in Chapter 119, 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:

4-21-2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #