

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Pg. 1 of 2  
FILED

00 APR -6 AM 8:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT # P98000003289

1. Corporation Name

AYACQ, INC.

2. Principal Office Address

6915 RED ROAD

Suite, Apt. #, etc.

SUITE 220

City & State

CORAL GABLES, FL

Zip

33143

Country

USA

3. Mailing Office Address

6915 RED ROAD

Suite, Apt. #, etc.

SUITE 220

City & State

CORAL GABLES, FL

Zip

33143

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

01/13/98

5. FEI Number

65-0804847

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

MAHER AL-SOUFI

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

6915 RED ROAD,

Suite, Apt. #, Etc.

SUITE 220

City

CORAL GABLES

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

Date

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	MAHER AL-SOUFI	6915 RED ROAD, STE 220	CORAL GABLES, FL 33143

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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:

*Maher Al-Soufi*

Maher Al-Soufi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/03/00

Date

(305)663-6200

Daytime Phone #

CR2E081 (9/99)

Ayaco, Inc.  
6915 Red Road, Suite 220  
Coral Gables, FL 33143

March 30, 2000

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Gentlemen:

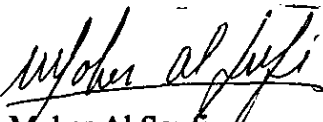
As I explained over the phone, we never received the original form as we moved to our new office in June of 1998. Attached is the reinstatement application, which reflects the new mailing address.

Please note that when we moved, we had not been six months in business and we were not familiar with all the annual licenses and fees that we were supposed to pay.

Under the circumstances, we are asking for an abatement of the late penalty fee. We have taken the necessary steps to avoid any late payments in the future.

We are attaching a check in the amount of \$300.00 to cover the 1999 and 2000 fees.

Thank you for your help.

  
Maher Al Soufi  
President

Cc: Toni H. Alam, C.P.A.

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