

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
01 MAR 19 AM 3:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P98 0000 21207**

1. Corporation Name

AKS ENTERPRISES CORP

2. Principal Office Address

18825 NW 1ST

Suite, Apt. #, etc.

Pembroke Pine

City & State

Florida

Zip

33029

Country

Broward

3. Mailing Office Address

18825 NW 1ST

Suite, Apt. #, etc.

Pembroke Pine

City & State

Florida

Zip

33029

Country

Broward

900003912749--4

-03/27/01--01091--014

******908.75 ****908.75**

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0817384

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

MIGUEL MEJIA

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

18825 NW 1ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33029

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

Miguel Mejia

REGISTERED AGENT MUST SIGN

Date

3-9-01

8. 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
DIRECTOR	MIGUEL MEJIA	18825 NW 1ST	Pembroke Pine, FL
DIRECTOR	AUSTIN MEJIA	18825 NW 1ST	Pembroke Pine, FL

9. 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:

Miguel Mejia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-9-01

Daytime Phone #