

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 JUN 15 PM 4:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000038008

1. Corporation Name

A AALIYAH CORP.

2. Principal Office Address

1861 N. FED. HWY.

Suite, Apt. #, etc.

277

City & State

HOLLYWOOD, FL.

Zip

33020

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0834453

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

MARLENE SHELLEY

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

1861 N. FED HWY.

Suite, Apt. #, Etc.

277

City

HOLLYWOOD

State

FL

Zip Code

33020

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

M. Shelley

Date 06/13/06

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/T/D	MARLENE SHELLEY	1861 N. FED. HWY. #277	HOLLYWOOD FL 33020

800076395478

06/20/06--01062--007 \*\*300.00

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:

M. Shelley

MARLENE  
SHELLEY

06/13/06

Date

954-287-

3716

Daytime Phone #

Due to health reasons related to a mayor accident requiring numerous surgeries and lengthy hospital stays I did not notice that I did not receive the corporation renewal card in early 2005.

I am enclosing payment for the years 2005 and 2004 and ask that the penalty be waived as I did not receive the card in 2005 and 2006.

Thanks,  
Marlene Shelley