

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000039258

1. Entity Name
ALL AMERICAN EQUIPMENT CORP.



Principal Place of Business
2350 NW 96 AVENUE
MIAMI, FL 33172

Mailing Address
2350 NW 96 AVENUE
MIAMI, FL 33172

2. Principal Place of Business - No P.O. Box #
981 SAN PEDRO AV
Suite, Apt. #, etc.
CORAL GABLES
City & State
FL

3. Mailing Address
981 SAN PEDRO AV
Suite, Apt. #, etc.
CORAL GABLES
City & State
FL

Zip
33156

Country
USA

Zip
33156

Country
USA



REINSTATEMENT 08

4. FEI Number
65-0832355

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHWARTZ, ALFREDO
981 SAN PEDRO AVE
CORAL GABLES, FL 33156

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2009, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SCHWARZ, ALFREDO
981 SAN PEDRO AVE
CORAL GABLES, FL 33156 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
SCHWARZ, ILSE JUDITH
981 SAN PEDRO AVE
CORAL GABLES, FL 33156 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000139170340
12/19/08--01036--002 ***750.00 ☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/17/08

12/22