

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

99 DEC 29 PM 1:48

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P98000060335

1. Corporation Name

AA ASTOR ENT, INC.

Principal Place of Business

1729 EAST COMMERCIAL BL. #281 FT LAUDERDALE FL 33334

Mailing Address

1729 EAST COMMERCIAL BL. #281 FT LAUDERDALE FL 33334



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

07/08/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-084-7970

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: PD, PAPARO, MICHAEL, 1729 EAST COMMERCIAL BL. #281, FT LAUDERDALE FL 33334.

REINSTATEMENT 99

900003095349--2 01/12/00-01005-003 \*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

PAPARO, MICHAEL 1729 EAST COMMERCIAL BL. #281 FT LAUDERDALE FL 33334

9. Name and Address of New Registered Agent

Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Signature of Michael Paparo with 'SIGNATURE REQUIRED' watermark

REGISTERED AGENT MUST SIGN

Date 12/27/99

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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:

Signature of Michael Paparo with 'SIGNATURE REQUIRED' watermark and typed name

Date 12/27/99

Daytime Phone # 954-772-3110