

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


1092

FILED

07 JUN 26 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

DOCUMENT # *P98000076631*

1. Corporation Name
AGA International, Inc.

W07000018515

2. Principal Office Address <i>7601 East Treasure Drive</i>		3. Mailing Office Address <i>7601 East Treasure Dr.</i>	
Suite, Apt. #, etc. <i>Suite 0021</i>		Suite, Apt. #, etc. <i>Suite 0021</i>	
City & State <i>North Bay Village</i>		City & State <i>North Bay Village</i>	
Zip <i>33141</i>	Country <i>USA</i>	Zip <i>33141</i>	Country <i>USA</i>

4. Date Incorporated or Qualified To Do Business in Florida *09-02-1998*

5. FEI Number *26-0415044*

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name *Noel Medina*

Street Address (P.O. Box Number is Not Acceptable)
7601 East Treasure Drive

Suite, Apt. #, Etc.
Suite 0021

City *North Bay Village* State *FL* Zip Code *33141*

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 *Noel Medina* Date *6/25/2007*

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
<i>P.U.T.S</i>	<i>Noel Medina</i>	<i>7601 East Treasure Drive Suite 0021</i>	<i>North Bay Village, FL 33141</i>

700104986587
06/28/07--01047--002 **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: *Noel Medina* Date *6/25/2007*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 of 2

DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE REINSTATEMENT FORM
ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY
UP-DATE THE ABOVE MENTIONED CORPORATION.

BE ADVICE THAT I NEVER RECEIVED THE ANNUAL REPORT NOTICE SINCE THE YEARS OF
2006 & 2007 FROM YOUR OFFICE TO PAY THE ANNUAL FEES FOR MY COMPANY. PLEASE
TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND
WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR TIME AND CONSIDERATION IN THIS MATTER. AND IF
YOU HAVE ANY FURTHER QUESTION PLEASE FEEL FREEE TO CONTACT US.

CORDIALLY YOURS,



NOEL MEDINA
PV/T/S