

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000106552

1. Corporation Name

AOLE, INC.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

10520 NW 26 Street

Suite, Apt. #, etc.

C-201

City & State
Miami, Florida

Zip

33172

Country

U.S.A.

3. New Mailing Office Address, If Applicable

10520 NW 26 Street

Suite, Apt. #, etc.

C-201

City & State
Miami, Florida

Zip

33172

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

12/23/98

SP

5. FEI Number

65-0936075

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	Rodriguez, Aurelio F.	10520 NW 26 Street, C-201 Ste.	Miami, FL 33172
V/S/T	Greenberg, Barnett	10520 NW 26 Street, C-201 Ste.	Miami, FL 33172
			100003213561--7 -04/18/00--01115--014 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

Carlos Garcia, Esq.
265 Sevilla Avenue
Coral Gables, Florida 33134

9. Name and Address of New Registered Agent

Name
Rafael Sanchez-Aballi, Esq.
Street Address (P.O. Box Number is Not Acceptable)
1101 Brickell Avenue
Suite, Apt. #, Etc.
Suite 1400
City
Miami
State
FL
Zip Code
33131

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

REGISTERED AGENT MUST SIGN

Date

April 5, 2000

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

AURELIO F. RODRIGUEZ 3/13/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-468-7949

CR2E081 (12/98)