

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 31 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000029465

1. Corporation Name

A E DESIGNS, INC.

Principal Place of Business

11638 CORPORATE LAKE BLVD.
SUITE 1
SAN ANTONIO FL 33576
US

Mailing Address

204 MYRTLE RIDGE ROAD
LUTZ FL 33549

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/31/1999

5. FEI Number

59-3568266

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	BROYLES, AGUSTINA E	204 MYRTLE RIDGE ROAD	LUTZ FL 33549
SVD	BROYLES, DOUGLAS C	204 MYRTLE RIDGE ROAD	LUTZ FL 33549

100008733711

10/31/02--01108--003 **150.00

8. Name and Address of Current Registered Agent

BROYLES, AGUSTIMA
204 MYRTLE RIDGE RD.
LUTZ FL 33549

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

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/28/02

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(813) 948-1557
10/28/02

A/E DESIGNS, Inc.

Landscape • Maintenance • Irrigation

October 28, 2002

Florida Department of State
Division of Corporations

Ref: Document #P99000029465

To Whom it may concern:

Please see attached completed form. We have not received the prior UBR notice and were not aware that they needed to be filed.

If you have any questions, please don't hesitate to contact us at the number below.

Sincerely,



Agustina E. Broyles