

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN 19 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000068997

1. Corporation Name:

3AE, INC

2. Principal Office Address

8808 SUNSET BLVD

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32836

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 0-07

4. Date Incorporated or Qualified
To Do Business in Florida

JULY 29, 1999

5. FEI Number

59-3592051

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOSEPH LANDIS

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

8808 SUNSET BLVD

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32836

800021004208

06/19/03--01017--008 **100.00

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

Joseph Landis

REGISTERED AGENT MUST SIGN

Date 6-15-03

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
P	JOSEPH-LANDIS	8808 SUNSET BLVD	ORLANDO, FL 32836
VP	BILLIE E DAVIS, JR	8808 SUNSET BLVD	ORLANDO, FL 32836

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 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:

Joseph Landis

JOSEPH LANDIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-15-03

Date

407-234-5973

Daytime Phone #

CR2E081 (10/02)

9/6/19