

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000083611**

1. Corporation Name

**A1A INVESTMENTS, INC.**

Principal Place of Business

501 NW 159TH STREET  
MIAMI FL 33169

Mailing Address

501 NW 159TH STREET  
MIAMI FL 33169

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

09/21/1999

5. FEI Number

65-0960927

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 3	City / State / Zip 4
PD	HERNANDEZ, ENRIQUE	501 NW 159TH STREET	MIAMI FL 33169
VSTD	HERNANDEZ, EDUARDO	501 NW 159TH STREET	MIAMI FL 33169

800023969948  
10/21/03--01061--012 \*\*150.00

8. Name and Address of Current Registered Agent

SHINDER, LANCE W ESQ.  
2300 GLADES RD.  
STE 207 EAST  
BOCA RATON FL 33431

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-16-03

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:

*Eduardo Hernandez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-15-03 (305) 944-2700

CR2E040 (7/03)

**A1A Investments, Inc.**  
**501 NW 159<sup>th</sup> Street**  
**Miami, Florida 33169**  
**Phone: (305) 949-2700 Fax: (305) 940-8510**

October 15, 2003

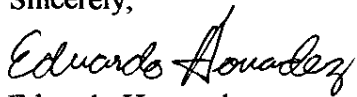
Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

Dear Madam/Sir:

I am respectfully requesting that you reinstate our company, waiving the reinstatement fee, since we never received our Annual Report package.

If you have any questions or concerns, please call me at your convenience.

Sincerely,



Eduardo Hernandez,  
Vice President