

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 NOV -3 AM 9:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000103816

1. Corporation Name

A.A.I. CORP.

Principal Place of Business

Mailing Address

3300 NE 191ST STREET, #1014  
AVENTURA FL 33180

3300 NE 191ST STREET, #1014  
AVENTURA FL 33180

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

2. New Principal Office Address, If Applicable

638 6TH STREET

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

638 6TH STREET

Suite, Apt. #, etc.

City & State  
MIAMI BEACH, FLORIDA

Zip Country  
33139 USA

City & State  
MIAMI BEACH, FL

Zip Country  
33139 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/30/1999

5. FEI Number

65-0968819

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
<del>D</del>	<del>ALFIT, ALAIN</del>	<del>3300 NE 191ST STREET, #1014</del>	<del>AVENTURA FL 33180</del>
D	ATUN, ILAN	3300 NE 191ST STREET, #1014 C/O 638 6TH ST.	AVENTURA FL 33180 MIAMI BEACH, FL 33139
D	GIT, MOSHE	C/O 638 6TH ST.	MIAMI BEACH, FL 33139
			000003479080--8 -11/28/00--01103--016 ****750.00 ****750.00 LS

8. Name and Address of Current Registered Agent

MREJEN, ARIE  
701 W. CYPRESS CREEK RD., SUITE 302  
FORT LAUDERDALE FL 33309

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

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.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10/26/00

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 #

10/26/00 305-604-1414