

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAY 26 PM 3:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 99000106641

1. Corporation Name

AA AND SN, INC.

2. Principal Office Address

901 S. Woodland Blvd.

3. Mailing Office Address

901 S. Woodland Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Deland, Florida

City & State

Deland, Florida

Zip

32720

Country

USA

Zip

32720

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

4/28/2000

5. FEI Number

593612095

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 02-04**

**7. Name and Address of Current Registered Agent**

Name

Suleman Ali Khan

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

15462 MARGAUX DR.

Suite, Apt. #, Etc.

City

CLERMONT

State

FL

Zip Code

34711

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

Suleman Ali Khan

Date

REGISTERED AGENT MUST SIGN

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

| Titles           | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|------------------|--------------------------------------|---|--------------------|
| <u>President</u> | <u>Suleman Ali Khan</u>              | <u>901 S. Woodland Blvd<br/>Deland FL 32720</u>   | <u>FL, 32720</u>   |
| <u>V.P.</u>      | <u>Museem A Khan</u>                 | <u>901 S. Woodland Deland</u>                     | <u>FL, 32720</u>   |
| <u>Member</u>    | <u>Shah Sarkhan</u>                  | <u>116 E VILLA CAPRICORN<br/>DELAND</u>           | <u>FL, 32724</u>   |
|                  |                                      |   |                    |
|                  |                                      |   |                    |
|                  |                                      |   |                    |

600037344436

05/26/04--01051--015 \*\*1050.00

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:

Suleman Ali Khan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-24-04 (386)738-7002

Date

Daytime Phone #

CR2E081 (01/04)