

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 DEC 14 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S57763**

1. Corporation Name

A AACHEN CORP.

2. Principal Office Address - No P.O. Box #
6245 Powerline Road

3. Mailing Office Address
6245 Powerline Road

Suite, Apt. #, etc.
Suite 202

Suite, Apt. #, etc.
Suite 202

City & State
Fort Lauderdale, FL

City & State
Fort Lauderdale, FL

Zip Country
33309 U.S.A.

Zip Country
33309 U.S.A.

REINSTATEMENT 95-07
CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida **6/6/1991**

5. FEI Number **65-0272231** 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
Aldo DiSorbo

Street Address (P.O. Box Number is Not Acceptable)
6245 Powerline Road

Suite, Apt. #, Etc.
Suite 202

City
Fort Lauderdale

State Zip Code
FL 33309

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date **11-30-07**

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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPST	Aldo DiSorbo	6245 Powerline Road, Suite 202	Fort Lauderdale, FL 33309
			500113407698 12/26/07--01052--026 **2550.00
			<i>Handwritten initials</i>

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11-30-07**

Daytime Phone # **954-772-1610 x209**