

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 DEC 29 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

V09034

1. Corporation Name

ALLIED AMERICAN SYSTEMS INC
7025 BERACASA WAY #104
BOCA RATON
FL 33433

2. Principal Office Address

7025 BERACASA WAY #104
BOCA RATON FL 33433

Suite, Apt. #, etc.

104

City & State

BOCA RATON FL

Zip

33433

Country

USA

3. Mailing Office Address

7025 BERACASA WAY #104
BOCA RATON FL 33433

Suite, Apt. #, etc.

104

City & State

BOCA RATON FL

Zip

33433

Country

USA

REINSTATEMENT

98-00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

593106405

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

ALAN MOSS

000003568590--8

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

7025 BERACASA WAY #104

-01/24/01--01006--017

*****8.75 *****8.75

Suite, Apt. #, Etc.

#104

City

BOCA RATON

State

FL

Zip Code

33433

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

A MOSS

Date 12/28/00

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
PRESIDENT + AGENT (REG)	ALAN MOSS	7025 BERACASA WAY #104	BOCA RATON FL 33433 000003568590--8 -01/24/01--01006--018 *****50.00 *****50.00
			000003568590--8 -01/24/01--01006--019 *****500.00 *****500.00
			000003568590--8 -01/24/01--01006--020 *****500.00 *****500.00

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:

A MOSS (ALAN MOSS)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/28/00

Date

561 481 2413

Daytime Phone #

CR2E081 (9/99)