

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 AUG 20 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V73989

1. Corporation Name

A.A.A. DELIVERY SERVICE, INC

2. Principal Office Address

3641 OAKS CLUBHOUSE DR

3. Mailing Office Address

3641 OAKS CLUBHOUSE DR

Suite, Apt. #, etc.

103

Suite, Apt. #, etc.

103

City & State

POMPANO BEACH, FL.

City & State

POMPANO BEACH, FL.

Zip

33069

Country

USA

Zip

33069

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/22/1992

5. FEI Number

65-0366798

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

BEHROUZ BABAPOUR

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

3641 OAKS CLUBHOUSE DR

Suite, Apt. #, Etc.

103

City

POMPANO BEACH

State

FL

Zip Code

33069

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

B. Babapour

Date

08/14/2003

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
P.S.T.D	BEHROUZ BABAPOUR	3641 OAKS CLUBHOUSE DR #103	POMPANO BEACH, FL 33069

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:

B. Babapour

BEHROUZ BABAPOUR-PRS 08/14/2003 954-261-4020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E08 (1/0/02)

21 8/20

**A.A.A. DELIVERY SERVICE, INC
3641 OAKS CLUBHOUSE DR., # 103
POMPAÑO BEACH, FLORIDA 33069**

Phone (954) 261-4020

August 14, 2003

Florida Department of State
Division of Corporations
Reinstatement Section
409 East Gaines Street
Tallahassee, Florida 32399

In RE: 2003 Corporate Reinstatement filing
Uniform Business Report Document V73989

I met with my accountant today and he found that I had not renewed my Uniform Business Report for 2003. Please be advised that I never received the annual report form application.

Please find enclosed a check in the amount of \$ 150.00 for the above year.

Due to the circumstances above, I hereby request that you abate any penalties you may impose.

Sincerely Yours;



BEHROUZ BABAPOUR
Company President