


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

08 OCT 24 PM 4:11

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F0400005178**

1. Corporation Name
ALADDIN INVESTMENTS OF CALIFORNIA, INC.

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

400137266214
10/24/08--01046--006 **300.00

2. Principal Office Address - No P.O. Box #
7135 COLLINS AVE
Suite, Apt. #, etc.
1005
City & State
MIAMI BEACH, FL.

3. Mailing Office Address
Suite, Apt. #, etc.
City & State
Zip Country
93144 USA

REINSTATEMENT 07-08

7. Name and Address of Current Registered Agent

Name
THERESA CARNIATTI

Street Address (P.O. Box Number is Not Acceptable)
7135 COLLINS AVE

Suite, Apt. #, Etc.
1005

City State Zip Code
MIAMI BEACH FL 33144

4. Date incorporated or Qualified To Do Business in Florida

5. FEI Number
96-4540655

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

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 **[Signature]** Date **10-21-08**

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
PRES	THERESA CARNIATTI	7135 COLLINS AVE #1005	MIAMI BEACH FL 33144
VP	JOSE L. RODRIGUEZ	7135 COLLINS AVE #1005	MIAMI BEACH FL 33144
SEC.	JOSE L. RODRIGUEZ	7135 COLLINS AVE #1005	MIAMI BEACH FL 33144

10. I certify that I am an officer or director of 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]** Date **10/10/08 (210) 419-0947**

Signature and typed or printed name of signing officer or director