2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 28 PM 2:32

REINSTATEMENT 04-05

01272005 REIN-P CR2E098 (6/04)

DOCUMENT # P03000026086

1. Entity Name
ALOHA RESORT, INC.

Principal Place of Business	Mailing Address
2141 NORTHEAST 24TH STREET FT. LAUDERDALE, FL 33305 US	2141 NORTHEAST 24TH STREET FT. LAUDERDALE, FL 33305 US

	2. Principal Place of Business	3. Mailing Address
Street	1500 NORTH FEDERAL HWY	1500 NORTH FEDERAL HWY
Suite, Apt. #, etc.	SUITE 200	SUITE 200
City & State	FORT LAUDERDALE FL	FORT LAUDERDALE FL
Zip	33304	33304
Country	USA	USA

4. FEI Number 47-0914908 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MASTRIANA, F. RONALD
1500 NORTH FEDERAL HIGHWAY
SUITE 200
FT. LAUDERDALE, FL 33304

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 1-28-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DERIGGI, ANTHONY 2141 NORTHEAST 24TH STREET FT. LAUDERDALE, FL 33305	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 1/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

ALOHA RESORT, INC.

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