

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000126212

**FILED**  
**May 04, 2009**  
**Secretary of State**

**Entity Name:** AHOSTING, INC.

**Current Principal Place of Business:**

14832 US HWY 19 NORTH  
SUITE 4  
HUDSON, FL 34667 US

**New Principal Place of Business:**

**Current Mailing Address:**

14832 US HWY 19 NORTH  
SUITE 4  
HUDSON, FL 34667 US

**New Mailing Address:**

PO BOX 574842  
ORLANDO, FL 32857 US

**FEI Number:** 26-1486667

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DILLAPLAIN, ADAM  
14832 US HWY 19 NORTH  
HUDSON, FL 34667 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: ADAM DILLAPLAIN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: OZDOGAN, ERKAN  
Address: DUMLUPINAR MAH YAVUZ SOK NO 56/1 FIKIRTEPE  
City-St-Zip: ISTANBUL, KADIKOY, -- 34720 TR

Title: D ( ) Delete  
Name: CANTURK, ADNAN  
Address: AHMET REFIK SOK MORAN # 7 D4 CIFTEHAVUZLAR  
City-St-Zip: ISTANBUL, KADIKOY, -- 34720 TR

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERKAN OZDOGAN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

D

05/04/2009

\_\_\_\_\_  
Date