PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

			L COMPLE	THING THIS HORIW	•
CORPORATION REINSTATEMENT	Kath Secre	ARTMENT OF STAT erine Harris etary of State of Corporations	9	02 JUL 18 PI SECRETARY OF FALLAHASSEE, FI	, 1 4:59
DOCUMENT # P-97	0000 5377	8		THAMASSEE. FI	LORIDA
1. Corporation Name					
THE AIDA	1A House	,INC.	j	•	
			ł	•	
2. Principal Office Address	3. Mailing Office Ad	d			•
10661 NKensall DR		Jane			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		10_	<u> </u>	
City & State	City & State		4. Date Inco To Do Bu	rporated or Qualified siness in Florida	7 1997
Miami, FL			5. FEI Numb		Applied For
33/16 Country USA	Zip	Country	6.	0763074	Not Applicable 5 Additional Fee required
4377	7 Name and	1 Address - CO		E OF STATUS DESIRED 6	r a Certificate of Status
Name M o 4444	4 0	Address of Current Regis			
Street Address (P.O. Box Number		nnolly		00006661	.392€ 01049- 014
10 C6 / Suite, Apt. #, Etc.	NKens	All DR 20	1	****300.00	**** 300°00
City			_		
Minni	R.			State Zip Code	
I, being appointed the registered agent of the a	above named corporation, am	familiar with and accept the	obligations of section		
gnature of Projected Agent	M	MATTHES !		Date 7/17/0	,,
	REGISTERED AGENT MUS	- SIGN	,	Date	
Names and Street Addresses of Each Officer a		ofit corporations must list at I Street Address of Eac			
Officers and/or Directo		Officer and/or Directo	or	City / State /	Zip
D STUART COVE	/5	30 NE4	other.	OAKIND PAR	K. A 33334
VPT MATTHEW A.C	onnolly 100	661 NKend	4/181	minni F	1 3212/
		, , , , , ,	71.0-	MINNI P	1.00/76
					I
I certify that I am an officer or director or the receithis reinstatement application, the reason for dis-	eiver or trustee empowered to	execute this application as n	provided for in chart	or 607 or 647 5 0	
owed by the corporation have been paid and the	names of individuals listed as	n this farm do not not not not not not not not not no	are reduiterneritz Of	er 507 0F 517, F.S. I further certification 607.0401 or 617.0401, section 119.07(2)() 5.0.7	fy that when filing F.S., that all fees
on this application is true and accurate, and my	signature shall have the same	legal effect as if made under	roath.	110.07 (0)(I), F.S. THE IN	orniation indicated

MATTHEWA. CORNElly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	Kathe Secret	RTMENT OF STATI rine Harris ary of State	E			
DOCUMENT # P- 970	1000 53778					
1. Corporation Name THE AIPHA HOUSE	-					
2. Principal Office Address 10661 N KENDAII DK	Principal Office Address OGG/ N LEND All DL SAME					
Suite, Apt. #, etc.	Suite, Apt. #, etc.					
20 /	0.00			4. Date Incorporated or Qualified To Do Business in Florida 627 1997		
MIAMI, YC				5. FEI Number Applied For		
33176 Country USA	Zip	Country	6.	M	Not Applicable Additional Fee required	
0774	7 Name and	Address of Current Regist		E OF STATUS DESIRED (\$8.75)	Certificate of Status	
Street Address (P.U. Box Number is	A. CONNO	lly				
City MIAMI			State Zip Code FL 33/76			
	EGISTERED AGENT MUST	MATTHEW A.	CONNOCIY		CR2E081 (9/01)	
Names and Street Addresses of Each Officer an Titles Name of	d/or Director (Florida nonpro	,				
Titles Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip		
STUART COVE 1530 N		BONE 40th	57	DAKIND PACK, FL 33334		
MATTHEW A. CONNOTTY 10661 NEKEND			All DL	11 DL minni, FL 33176		
					<u>-</u>	
O. I certify that I am an officer or director or the recein this reinstatement application, the reason for disso owed by the corporation have been paid and the n on this application is true and accurate, and my sign	names of individuals listed or	this form do not suplify for	ule requirements of	ter 607 or 617, F.S. I further certify of section 607.0401 or 617.0401, F section 119.07(3)(i), F.S. The info	that when filing .S., that all fees rmation indicated	
SIGNATURE: MASS A. C. SIGNATURE AND TYPED OR PRIN	Nad MAT NTED NAME OF SIGNING OFFI	THU A CONNECTOR	24 1	2/17/0 305-22 Date Daytime Pt	75-0208	