

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT -3 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000014702

1. Corporation Name

Ahearn Construction, Inc.

300008203883--4
-10/04/02--01037--011
*****8.75 *****8.75

2. Principal Office Address

5590 Canal Boulevard

Suite, Apt. #, etc.

City & State

New Orleans, Louisiana

Zip

70124

Country

United States

3. Mailing Office Address

5590 Canal Boulevard

Suite, Apt. #, etc.

City & State

New Orleans, Louisiana

Zip

70124

Country

United States

REINSTATEMENT 01-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/21/2001

5. FEI Number

72-1452883

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

NRAI Services, Inc.

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

526 E. Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code
32301

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

Danita Mahoney

Danita Mahoney, Asst Sec. REGISTERED AGENT MUST SIGN

Date 09/16/2002

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.	Matthew M. Ahearn	5590 Canal Boulevard	New Orleans, LA 70124

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/02 (504) 488-8276
Date Daytime Phone #

CR2081 (9/01)