PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR 96 REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

ARTICLES AND FILED

96 NOV 21 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 210142

Allied Business Association INC

600002015636--4
-11/27/96--01030--012
***575.00 ***575.00

Principal Place of Business: 4201 N. Dixie Highway Ft Lauderdale, FL 33334

Mailing Address:

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 2/20/58

5. FEI Number: 59-607-3011 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Glenn P. Hishon	3147 N.W. 68th Street	Ft. Lauderdale FL 33309
V/P	James John Hishon	4039 Hwy 441	
S/T	Loretta Y. Hishon	3147 N.W. 68th Street	Ft. Lauderdale FL 33309

REINSTATEMENT 1996

8. Name and Address of Current Registered Agent

James John Hishon
4039 Hwy 441 S.E
Okeechobee

9. Name and Address of New Registered Agent

Name: James John Hishon
Street Address (P.O. Box Number is Not Acceptable): 4039 Hwy 441 SE
Suite, Apt. #, Etc.:
City: Okeechobee State: FL Zip Code: 34974

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: JH

REGISTERED AGENT MUST SIGN

Date: 11/20/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: GH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #