CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAY 19 PM 3: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F0500000 1439

1. Corporation Name
American Holtzkraft, Inc.

200149766152
04/14/09--01002--021 **150.00
REINSTATE CR2E03P (12/08) 07-09

2. Principal Office Address - No P.O. Box #	**3.** Mailing Office Address
940 Oakland Ave.	940 Oakland Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite A5	Suite A5
City & State	City & State
Oakland, FL	Oakland, FL

4. Date Incorporated or Qualified To Do Business in Florida 2/25/1988

Zip	Country	Zip	Country
34787	Orange Co	34787	Orange Co

5. FEI Number
23-2501018
☐ 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
PHILLIP C. APPLE

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

Suite, Apt. #, Etc.
Suite A5

City	State	Zip Code
Oakland	FL	34787

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 _____
REGISTERED AGENT MUST SIGN

Date _____

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.	PHILLIP C. APPLE	9144 Via Bella Notte	Oakland, FL 32836
VP	BARBARA L. APPLE	9144 Via Bella Notte	Oakland, FL 32836
		200149766152 05/19/09--01015--010 **450.00	

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 contained in Chapter 119, 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: _____ 5/4/09 (570) 539-8945
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #