

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR REINSTATEMENT



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

APPROVED
AND
FILED

97 OCT 16 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 559962

1. Corporation Name

A.H.A. Investments, Inc.

Principal Place of Business

Mailing Address

530 Park Avenue
Suite H-1
Orange, NJ 07050

same

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

3/1/87

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

22-196-2646

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	Arthur L. Clay	530 Park Avenue #H-1	Orange NJ 07050
S	Heather Clay	"	000002423553-1 -10/17/97-01115-005 ***1245.00 ***1245.00

REINSTATEMENT 94-97

A. Alan
10/16/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Barry Shevlin
913 Normandy Drive
Miami Beach FL 33141

Name

Tudman & Greenberg P.A.

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

345 W. Oakland Park Blvd.

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33311

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

Barry Shevlin as agent for Tudman & Greenberg

REGISTERED AGENT MUST SIGN

Date 10/15/97

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 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:

Barry Shevlin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct 15, 1997

Date

Daytime Phone #