

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000038084

1. Entity Name
AHI HOLDINGS, LLC



Principal Place of Business
6734 LAYTON CT.
TALLAHASSEE, FL 32317

Mailing Address
PO BOX 3343
HICKORY, NC 28603

FILED

2008 OCT 10 P 4: 09



2. Principal Place of Business - No P.O. Box #
1270 25 ST. PLACE, S.E.

3. Mailing Address
PO BOX 2568

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
HICKORY, N.C.

City & State
HICKORY, N.C.

Zip
28602

Country
USA

Zip
28603

Country
USA

10102008 REIN-LLC CR2E101 (1/07)

4. FEI Number
20-3367000

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHN F. GILROY, III, P.A.
1435 RIEDMONT DR. EAST, SUITE 100
TALLAHASSEE, FL 32308

Name

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

1695 METROPOLITAN CIRCLE, SUITE 2

City

FL

Zip Code

7. Name and Address of New Registered Agent

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/10/08

FILE NOW!!! FEE IS \$138.75
After January 1, 2009, Fee will be \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
TREFZGER, CHARLES E JR.
1978 8TH AVE NW
HICKORY, NC 28601

☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1270 25th STREET PLACE SE
HICKORY, N.C. 28602

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000136894190
10/14/08--01013--001 **138.75

☐ Change ☐ Addition

TITLE
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☐ Delete

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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TITLE
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STREET ADDRESS
CITY-ST-ZIP
REINSTATEMENT 2008

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

10/10/08

850-510-5774

Date

Daytime Phone #