


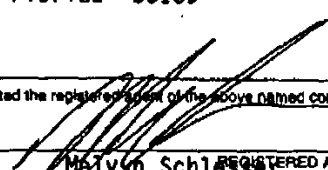

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from 7644956

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 499-142184 09 JUN 11 PM 3:09 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # L49962 1. Corporation Name Aloha Incorporated		2. New Principal Office Address, If Applicable 1300 Collins Avenue Suite, Apt. #, etc. #100		3. New Mailing Address, If Applicable 4. Date Incorporated or Qualified To Do Business in Florida 02/14/90	
Principal Place of Business 1400 Ocean Drive Miami Beach, Florida 33139		Mailing Address 1400 Ocean Drive Miami Beach, Florida 33139		REINSTATEMENT 98-99 DO NOT WRITE IN THIS SPACE	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.		5. FEI Number 65-0152967		Applied For <input type="checkbox"/> Not Applicable	
City & State Miami Beach, Florida		City & State Miami Beach, Florida		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$875 Additional Fee required for a Certificate of Status	
Zip 33139		Country USA		Zip 33139	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1	2	3	4		
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
P,D	Melvyn Schlessor	1300 Collins Ave, #100	Miami Beach, FL 33139		
T,D	Arthur Leeds	215 West 83rd Street	New York, New York		
V,D	Robert Gershon	312 West 55th Street	New York, New York		
V,D	Melvin Gershon	312 West 55th Street	New York, New York		
8. Name and Address of Current Registered Agent					
Melvyn Schlessor 1400 Ocean Drive Miami, Florida 33139			9. Name and Address of New Registered Agent		
			Name Melvyn Schlessor		
			Street Address (P.O. Box Number is Not Acceptable) 1300 Collins Avenue		
			Suite, Apt. #, Etc. #100		
			City Miami Beach		
			State FL		
			Zip Code 33139		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0606, F.S.					
Signature of Registered Agent 		REGISTERED AGENT MUST SIGN		Date 6/9/99	
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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)(k), 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: 		SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Melvyn Schlessor, Director		Date 6/9/99	

499-142184

Division of Corporations

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Florida Department of State
 Division of Corporations
 Public Access System
 Katherine Harris, Secretary of State

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To:

Division of Corporations
 Fax Number : (850) 922-4004

From:

Account Name : RUDEN, MCCLOSKEY, SMITH, SCHUSTER & RUSSELL, P.A.
 Account Number : 076077000521
 Phone : (954) 761-2910
 Fax Number : (954) 764-4996

CORPORATION REINSTATEMENT

ALOHA INCORPORATED

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$900.00

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