

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -1 PM 12:13

DOCUMENT # N40003

1. Corporation Name

SOUTH FLORIDA CHAPTER IAHA, INC.

2. Principal Office Address

2700 S. COMMERCE PKWY

Suite, Apt. #, etc.

SUITE # 300

City & State

WESTON, FLORIDA

Zip

33331

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

9/17/1990

5. FEI Number

742568074

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

SCOTT MAGER

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

2700 S. COMMERCE PKWY

9502

T8

Suite, Apt. #, Etc.

SUITE # 300

400008760664

11/01/02--01076--009 **665 00

City

WESTON

State
FL

Zip Code

33331

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

Scott Mager

REGISTERED AGENT MUST SIGN

Date

10/31/02

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 |
|--------|--------------------------------------|---|------------------------|
| P/D | SCOTT MAGER | 2700 S. COMMERCE PKWY, Ste 300 | WESTON / FL / 33331 |
| V/D | STEPHEN DOHERTY | 660 BALD Cypress ROAD | WESTON / FL / 33327 |
| T/D | SETH SIEGEL | 2700 S. COMMERCE PKWY, Ste 300 | WESTON / FL / 33331 |
| S/D | JORGE HERENNA | ONE SE Third AVE | MIAMI / FL / 33131 |
| D | BONNIE GOLD | 3530 MYRTLE POINTE DR. #1908 | AUGUSTA / FL / 33180 |
| D | ALFONSO PANDORO | 6160 JEFFERSON ST | HOLLYWOOD / FL / 33023 |

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/02

Date

Daytime Phone #

CR2E081 (9/01)