

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FOR  
REINSTATEMENT

FILED

02 NOV -7 PM 1:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000062198

1. Corporation Name

AHAVA ONLINE, INC.

Principal Place of Business

415 PLAZA REAL  
BOCA RATON FL 33432

Mailing Address

415 PLAZA REAL  
BOCA RATON FL 33432

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

2. New Principal Office Address, If Applicable

414 PLAZA REAL

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

BOCA RATON FL

City & State

SAME

Zip

33432

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/27/2000

5. FEI Number

65-1037201

Applied For

Not Applicable

6.

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 3	City / State / Zip 4
D	BRENNER, RONNIE	415 PLAZA REAL 414	BOCA RATON FL 33432
D	LEVITT, WILLIAM J	415 PLAZA REAL 414	BOCA RATON FL 33432
D	LEVITT, GARY S	415 PLAZA REAL 414	BOCA RATON FL 33432

100008868601

11/07/02-01056-008 \*\*150.00

10/15

8. Name and Address of Current Registered Agent

BRENNER, RONNIE  
415 PLAZA REAL  
BOCA RATON FL 33432

9. Name and Address of New Registered Agent

Name BRENNER, RONNIE  
Street Address (P.O. Box Number is Not Acceptable)  
414 PLAZA REAL  
Suite, Apt. #, Etc.

City BOCA RATON

State FL

Zip Code 33432

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/24/02

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/24/02

Daytime Phone #

CR2E040 (8/02)

# A H A V A

November 1, 2002

Division of Corporations  
P O. Box 6327  
Tallahassee, FL 32314-6327

RE: Ahava Online, Inc.

To Whom It May Concern:

Please find enclosed an application for reinstatement of this corporation along with \$150.00 fee.

Please be advised that this is our first notification of this as you had an incorrect address for this corporation.

Thank you for your attention to this.

Cordially,

  
Jill Kind  
Area Manager

Encl.