

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -7 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000028642

1. Corporation Name

GAHOAP, INC.

Principal Place of Business

803 NORTH THIRD STREET
JACKSONVILLE BEACH FL 32250

Mailing Address

803 NORTH THIRD STREET
JACKSONVILLE BEACH FL 32250

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
1550 BEACH AVE
City & State
ATLANTIC BEACH FL
Zip
32233 Country
US

3. New Mailing Office Address, If Applicable

DONALD PADGETT
Suite, Apt. #, etc.
910A 3RD STREET
City & State
NEPTUNE BEACH, FL
Zip
32266 Country
US

4. Date Incorporated or Qualified
To Do Business in Florida

03/20/2001

5. FEI Number

593721261

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	FORE, STUART A	803 NORTH THIRD STREET	JACKSONVILLE BEACH FL 32250

8. Name and Address of Current Registered Agent

AHERN, FRED L JR
2215 SOUTH THIRD STREET SUITE 101
JACKSONVILLE BEACH FL 32250

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-31-2002

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-25-02

Date

904-449-1729

Daytime Phone #

CR2E040 (8/02)

Florida Department of State
Division of Corporation
PO Box 632
Tallahassee, FL 32314-6327


October 25, 2002

Good Morning,

I just received this document of Dissolution or Revocation and phoned your office. My original application was missing the FEI number and I was apparently sent a letter asking for me to please give this to you. I never got the letter and therefore never replied. I was indeed late in filing my report so I sent a check for \$550.00 which you cashed on 9/23/02. This was check # 4573. Please waive the additional fee and accept my apology for the mistake of not including the FEI on the original form.

Thanking you in advance for your attention to this matter.

Warmly,



Stuart Fore
Director of GAHOAP, inc