

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT 29 AM 11:33

DOCUMENT # **P03000062379**

1. Corporation Name

AAHTS Inc.

2. Principal Office Address - No P.O. Box #

1489 west 13th Street

Suite, Apt. #, etc.

Box 5

City & State

Riviera Beach FL

Zip

33404

Country

WPB

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

4. Date incorporated or Qualified
To Do Business in Florida

6/6/2003

5. FEI Number

36-4533607

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

Michael Renick

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

1489 west 13th Street

Suite, Apt. #, Etc.

City

Riviera Beach

State

FL

Zip Code

33404



The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Michael Renick

Date **10/26/07**

REGISTERED AGENT MUST SIGN

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
Pres	Michael Renick	1489 west 13th	Riviera Beach FL 33404
Dir	Michael Renick	"	800112035468 11/05/07--01031--006 **\$300.00
			To 11/1/07
			06-07

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 contained in Chapter 119, 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:

Michael Renick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Renick Pres.

Date

10/26/07

Daytime Phone #

561-818-0625