

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 MAR 17 AM 9:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01052005 REIN-P CR2E098 (6/04)

4. FEI Number 20-0453230	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DOCUMENT # P03000144370	
1. Entity Name AHA HOLDING CORP.	

Principal Place of Business 120 N. U.S. HIGHWAY ONE, SUITE 100 TEQUESTA, FL 33469	Mailing Address 120 N. U.S. HIGHWAY ONE, SUITE 100 TEQUESTA, FL 33469
---	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 1510 Seabrook Road Suite, Apt. #, etc.
City & State Jupiter, FL	City & State Jupiter, FL
Zip 33469	Country US

6. Name and Address of Current Registered Agent LAVACHE, VICKI-J 120 N. U.S. HIGHWAY ONE, SUITE 100 TEQUESTA, FL 33469	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1510 Seabrook Road City Jupiter FL FL Zip Code 33469
---	--

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Vicki J. Lavache (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00	<u>Vicki J. Lavache</u> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
-----------------------------	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR VICKI J. LAVACHE 1510 SEABROOK RD. JUPITER FL 33469 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JOHN O'KEEFE 120 N. U.S. ONE #100 TEQUESTA FL 33469 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200049892482 04/05/05--01029--009 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 04-05 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Vicki J. Lavache VICKI J. LAVACHE 2/9/05 561-744-5424  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #