

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P92000013546

1. Entity Name
A & H MANAGEMENT INC.



FILED

05 OCT 20 PM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature



2005 FOR PROFIT CORPORATION REINSTATEMENT 2005

Principal Place of Business
**C/O ALBERT S. GOLDBERG
3120 S. OCEAN BLVD., STE 2503
PALM BEACH, FL 33480**

Mailing Address
**C/O ALBERT S. GOLDBERG
3120 S. OCEAN BLVD., STE 2503
PALM BEACH, FL 33480**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
04-3058301

Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**GOLDBERG, ALBERT S
3120 S. OCEAN BLVD., STE 2503
PALM BEACH, FL 33480**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOLDBERG, ALBERT S 3120 S. OCEAN BLVD. #2-503 PALM BCH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800060819988 10/20/05--01037--016 **750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDBERG, HERBERT A 40 LAURA LANE HOLYOKE, MA 01040 <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
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
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: *Handwritten signature* DATE: **10/14/2005** DAYTIME PHONE: **561 585 0497**