

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAR 14 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P9400006717**

1. Corporation Name

ALOHA SYSTEMS INC.

2. Principal Office Address

3101 Port Royale Blvd

Suite, Apt. #, etc.

122

City & State

FT LAUDERDALE

Zip

33308

Country

BROWARD

3. Mailing Office Address

3101 Port Royale Blvd

Suite, Apt. #, etc.

122

City & State

FT LAUDERDALE

Zip

33308

Country

BROWARD

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

Sept 12, 1994

5. FEI Number

65-0530662

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

Stephen O. J. MALIN

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

3101 Port Royale Blvd

Suite, Apt. #, Etc.

#122

City

Fort LAUDERDALE

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*****1058.75 ***1058.75**

State

FL

Zip Code

33308

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

Stephen O. J. Malin

REGISTERED AGENT MUST SIGN

Date **3-12-2000**

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
PTS	Stephen O. J. MALIN	3101 Port Royale Blvd #122	Fort LAUDERDALE FL 33308
			KE

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 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:

Stephen O. J. Malin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-2000 954-489-9681

Date

Daytime Phone #