

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000071435

1. Corporation Name

A.H.O.A., Inc.

Principal Place of Business

Mailing Address

9355 Southwest 117 Terrace  
Miami, Florida 33176

9355 Southwest 117 Terr.  
Miami, Florida 33176

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

September 29, 1995

5. FEI Number

XX

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State Zip 4
P	Walter Daggett	9355 Southwest 117 Terrace	Miami, Florida 33176
V	Linda D. Peterson	9355 Southwest 117 Terrace	Miami, Florida 33176
T	Drew A. Peterson	9355 Southwest 117 Terrace	Miami, Florida 33176
S	Preston Daggett	9355 Southwest 117 Terrace	Miami, Florida 33176
			200002898142--9 -06/03/99--01048--016 ***1208.75 ***1208.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Harold V. Hickey, Esquire  
890 South Dixie Highway  
Coral Gables, Florida 33146

Name

Harold V. Hickey, Esquire

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

1570 Madruga Avenue

Suite, Apt. #, Etc

Suite 209

City

Coral Gables

State

FL

Zip Code

33146

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.

Signature of  
Registered Agent

*Harold V. Hickey*  
REGISTERED AGENT MUST SIGN

Date May 28, 1999

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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:

*Walter M Daggett*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Walter M Daggett

Date

May 21, 1999 305-252-1944

Daytime Phone #

CR2E081 (12/98)