PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

02 FEB -4 PM 4:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # P96000016048

1. Corporation Name
Aloha Services, Inc.

REINSTATEMENT 99-2002

2. Principal Office Address	3. Mailing Office Address
1700 Lower Fourth Ave. N.	Post Office Box 51471
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville Beach, FL	City & State: Jacksonville Beach, FL
Zip: 32250 Country: USA	Zip: 32240 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: February 21, 1996

5. FEI Number: 59-3363684 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Robert B. Persons, Jr.

Street Address (P.O. Box Number is Not Acceptable): 2215 South Third Street

Suite, Apt. #, Etc.: Ste. 101

City: Jacksonville Beach, FL State: FL Zip Code: 32250

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 _____ Date 1/31/2

REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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
D/P	Christopher W. Allen	1700 Lower 4th Ave. N.	Jacksonville Beach, FL 32250
			600004863796--5

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: _____ Christopher W. Allen 1/31/2 904-237-7256

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ACCOUNT NO. : 072100000032

REFERENCE : 298634 81030A

AUTHORIZATION : Patricia Pigott

COST LIMIT : $ 1208.75

ORDER DATE : February 4, 2002

ORDER TIME : 10:15 AM

ORDER NO. : 298634-005

CUSTOMER NO: 81030A

CUSTOMER: Robert B. Persons, Esq
Buschman Ahern Persons &
2215 South Third Street
Suite 101
Jacksonville Be, FL 32240

RECEIVED
02 FEB -4 AM 11:22
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: ALOHA SERVICES, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight EX 1156

EXAMINER'S INITIALS _____