

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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<b>CORPORATION</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P97000031629</b>			
<b>1. Corporation Name</b> A H & A, INC.			
<b>2. Principal Office Address</b> 450 NE 20th St. Suite, Apt. #, etc. 113 City & State Boca Raton, FL Zip 33431 Country USA		<b>3. Mailing Office Address</b> 450 NE 20th St. Suite, Apt. #, etc. 113 City & State Boca Raton, FL Zip 33431 Country USA	

FILED

02 MAY -6 PM 3:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900005556039--6

-05/17/02--01004--030

\*\*\*\*300.00 \*\*\*\*300.00

<b>4. Date Incorporated or Qualified To Do Business in Florida</b>	
<b>5. FEI Number</b> 650739003	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

<b>7. Name and Address of Current Registered Agent</b>		
Name Phyllis Aharonovic		
Street Address (P.O. Box Number is Not Acceptable) 450 NE 20th Street #113		
Suite, Apt. #, Etc. #113		
City Boca Raton	State FL	Zip Code 33431

**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

REGISTERED AGENT MUST SIGN

Date

May 2/02

**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
Pres	Phyllis Aharonovic	4321 Brandywine Dr	Boca Raton, FL 33487

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Phyllis Aharonovic

May 2/02

Sd-3384222

CR2E041 (9/01)

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**A H & A, INC.**  
**450 NE 20<sup>TH</sup> ST. #113**  
**BOCA RATON, FL 33431**

May 2, 2002

Dear Sirs.

As per our conversation with your office this morning, enclosed is reinstatement application and check for \$300.00 for the fees for 2001 & 2002, as per your offices instructions.

We apologize for not filing in a timely fashion, but we have never received the renewal notice at our current address, and we have only become recently aware that the annual filing did not take place.

Thank You in advance for your cooperation.

Sincerely,



Phyllis Aharonovic