

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P970000044305

1. Corporation Name

AHC CONSTRUCTION CORPORATION

2. Principal Office Address

1001 Riverside Drive

Suite, Apt. #, etc.

City & State

Palmetto, FL

Zip

34221

Country

USA

3. Mailing Office Address

1001 Riverside Drive

Suite, Apt. #, etc.

City & State

Palmetto, Florida

Zip

34221

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/20/1997

5. FEI Number

650760675

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

Blalock, Landers, Walters & Vogler, P.A.

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

802 11th Street West

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34205

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

Barbara J. Self, vice president

Date September 26, 2003

REGISTERED AGENT MUST SIGN

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
P/D	VanDerNoord, Harry	1001 Riverside Drive	Palmetto, FL 34221
S/T/D	VanDerNoord, Peter	1001 Riverside Drive	Palmetto, FL 34221

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:

Peter VanDerNoord

Peter VanDerNoord

9/26/2003

941-729-0009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03 SEP 30 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300024251408
10/29/03--01021--016 **750.00

REINSTATEMENT 2003

CR2E081 (10/02)