

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 12 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000103077

1. Corporation Name

A&H OF PASCO, INC.

REINSTATEMENT 98-03

900013990639
03/12/03--01042--019 **1500.00

2. Principal Office Address

135 LEMON STREET

3. Mailing Office Address

135 LEMON STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TARPON SPRINGS, FL.

City & State

TARPON SPRINGS, FL

Zip

34689

Country

PINELLAS

Zip

34689

Country

PINELLAS

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/08/97

5. FEI Number

NONE

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

CROW, LAWRENCE D.

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

~~135 LEMON STREET~~ 1247 S. Pinellas Ave.

Suite, Apt. #, Etc.

City

TARPON SPRINGS

State

FL

Zip Code

34689

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 03/07/2003

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	HENDRICK, DAVID R.	1247 S. Pinellas Ave. 135 LEMON STREET	TARPON SPRINGS, FL 34689
S	ADAMS, TODD	1247 S. Pinellas Ave. 135 LEMON STREET	TARPON SPRINGS, FL 34689

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:

David R Hendrick Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/07/2003

Date

Daytime Phone #

CR2E081 (10/02)