

8505211020 CSC
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

826 P02 JAN 10 201 11:06

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUN 19 PM 1:02

DOCUMENT #

P98000004490

1. Corporation Name

Aloha Development, Inc.

2. Principal Office Address

1700 Lower Fourth Ave N

3. Mailing Office Address

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

REINSTATEMENT

4. Date incorporated or Qualified
To Do Business in Florida

January 14, 1998

5. FEI Number

59-3363684

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Robert B. Persons, Jr., Esq.

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

2215 South Third Street, Ste. 101

Suite, Apt. #, Etc.

Suite 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 6/18/01

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Patricia R. Allen, Officer	1700 Lower 4th Avenue N.	Jacksonville Beach, FL 32250
P	Christopher W. Allen	1700 Lower 4th Avenue N.	Jacksonville Beach, FL 32250

600004430356-2

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)(l), 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

Patricia R. Allen

6/18/01

904-237-7256

Date

Daytime Phone #

CR2001 (9/99)



8292

ACCOUNT NO. : 072100000032

REFERENCE : 190982 81030A

AUTHORIZATION :

COST LIMIT : \$ 1058.75

Patricia Pizote

ORDER DATE : June 19, 2001

ORDER TIME : 11:25 AM

ORDER NO. : 190982-005

CUSTOMER NO: 81030A

CUSTOMER: Robert B. Persons, Esq
Buschman Ahern And Persons
P. O. Box 50006

Jacksonville Bh, FL 32240-0006

RECEIVED
01 JUN 19 PM 12:10
DIVISION OF CORPORATION

DOMESTIC FILINGS

NAME: ALOHA DEVELOPMENT, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS _____