

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 FEB 18 AM 9:13

DOCUMENT # P98000036033

1. Corporation Name

AHC ASSOCIATES, INC.

Principal Place of Business

Mailing Address

~~220 E. MADISON STREET~~ 2911 N. BLVD  
~~STE 830~~ TAMPA FL  
~~TAMPA FL 33602~~ 33602

~~220 E. MADISON STREET~~ 2911 N. BLVD  
~~STE 830~~ TAMPA FL  
~~TAMPA FL 33602~~ 33602



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

04/21/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

TAMPA FL

TAMPA FL

City & State

City & State

5. FEI Number

59-3505830

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

Zip 33602

Country Hillsborough

Zip 33602

Country Hillsborough

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	MCLEAN, GAIL L	1807 D CHAPEL TREE CI	BRANDON FL 33511
VPT	DESENA, JOSEPH	8522 ISLAND BREEZE LN	TAMPA FL 33637
Pres.	McLean, GAIL L	3011 Partridge Pt TL	Brandon FL 33594
V. Pres. Treasurer	DE SENA, Joseph	3011 PARTRIDGE Pt TL	Brandon FL 33594
			200004991252--8 -02/22/02--01059--006 ****300.00 ****300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~DESENA, JOSEPH~~  
~~220 E. MADISON ST~~  
~~SUITE 830~~  
~~TAMPA FL 33602~~

DESENA, Joseph  
2911 N. BLVD  
TAMPA, FL. 33602

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Joseph De Sena  
REGISTERED AGENT MUST SIGN

Date

1/30/02

11. 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:

Joseph de Sena  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/02

Date

Daytime Phone #

813 223 1490

CR2040 (8/01)



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ANAGEN 1-800-262-4366

2911 N. Blvd. Tampa FL 33602

Jan. 30, 2002

Dear Sir

—We respectfully request that you waive the penalty due to the fact that we never received the previous bussiness reports. We suspect that was due to our change of address.

Thank you.

Sincerely,

Joseph Desena, PM