

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR 28 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P98000108147

1. Corporation Name

ARH, INC.

2. Principal Office Address

324 Royal Palm Way

3. Mailing Office Address

same

Suite, Apt. #, etc.

Ste. 231

Suite, Apt. #, etc.

City & State

Palm Beach, FL

City & State

Zip

33480

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/30/98

5. FEI Number

650918638

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

Paul A. Krasker, Esq.

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

625 N. Flagler Drive, 9th Floor

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33402

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

Paul A. Krasker

Date 3/27/01

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Marc Haisfield	324 Royal Palm Way, Ste.	231, Palm Beach, FL 33480
D	Lisa Haisfield	324 Royal Palm Way, Ste.	231, Palm Beach, FL 33480

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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:

Marc Haisfield

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Marc Haisfield, Vice President/Director

3/27/01 561/655-2829

Date

Daytime Phone #

CP2E081 (9/99)