PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 JUN -8 AM 9:01

DOCUMENT # P99000062801

1. Corporation Name

A.H.CH.A. Corporation

Principal Place of Business	Mailing Address
618 Gerald Avenue Lehigh Acres, FL 33972	618 Gerald Avenue Lehigh Acres, FL 33972-4292

REINSTATEMENT 00-01

03-29-00 90033 033 $150.00

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
	8370 W. Flagler St.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 234
City & State	City & State Miami, FL 33144
Zip / Country	Zip / County 33144 Miami-Dade

4. Date Incorporated or Qualified To Do Business in Florida: 7/15/99

5. FEI Number: 65-0939342 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS REQUIRED — $8.75 Additional fee required for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	Alava, Angel Henry	618 Gerald Avenue	Lehigh Acres, FL 33972
VP/S/D	Ver Zole, Ramona	618 Gerald Avenue	Lehigh Acres, FL 33972
VP/D	Alava, Henry Ytalo	618 Gerald Avenue	Lehigh Acres, FL 33972

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****758.75 ****758.75

8. Name and Address of Current Registered Agent

Alava, Angel Henry
618 Gerald Avenue
Lehigh Acres, FL 33972

9. Name and Address of New Registered Agent

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: X _____ Date: 5/11/01

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year intangible Personal Property Tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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 revocation has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0811, 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: X _____ Angel Henry Alava 5/11/01 (941)303-9316

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #