

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JAN -9 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000076136

1. Corporation Name

ALLEN & HAWKINS EXPORT INTERNATIONAL, INC.

Principal Place of Business

608 GERALD AVENUE
SUITE 215
LEHIGH ACRES FL 33972

Mailing Address

608 GERALD AVENUE
SUITE 215
LEHIGH ACRES FL 33972

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

2. New Principal Office Address, If Applicable

16300 NE 19th Avenue

Suite, Apt. #, etc.

104-K

City & State
North Miami Beach, FL

Zip
33162

Country
usa

3. New Mailing Office Address, If Applicable

16300 NE 19th Ave.

Suite, Apt. #, etc.

104-K

City & State
N. Miami Beach, FL 33162

Zip
33162

Country
usa

4. Date Incorporated or Qualified
To Do Business in Florida

08/26/1999

5. FEI Number

65-0948385

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	ALLEN, LYUDMYLA	16300 NE, 19th Ave, #104-K	N. Miami Beach, FL 33162
VD	HAWKINS, LYUDMYLA	16300 NE, 19th Ave, #106-K	N. Miami Beach, FL 33162
S	SAVCHENKO, YURIY	16300 NE, 19th Ave, #104-K	N. Miami Beach, FL 33162
T	MOSKALYK, OLEKSANDR	16300 NE, 19th Ave, #104-K	N. Miami Beach, FL 33162
			8000003539618-5 -01/17/01--01013--010 *****550.00 *****550.00 LS

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

DAYS Holding, Inc

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

16300 NE 19th Ave

Suite, Apt. #, Etc.

104

City

N. Miami Beach

State

FL

Zip Code

33162

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

[Signature]

Date 11-28-00

REGISTERED AGENT MUST SIGN

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-28-00 305-947-0014

Date

Daytime Phone #

CR2E040 (8/00)