

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

00 MAR 14 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT # V02147

1. Corporation Name  
AH&E, INC.

2. Principal Office Address  
522 Pine Forest Trail  
Suite, Apt. #, etc.

3. Mailing Office Address  
(Same)  
Suite, Apt. #, etc.

City & State  
Orange Park, Florida

City & State

Zip Country  
32073 USA

Zip Country

**REINSTATEMENT** 5-00

4. Date Incorporated or Qualified  
To Do Business in Florida 12/24/91

5. FEI Number 59-3098711  
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  
C. Holt Smith, III  
Street Address (P.O. Box Number is Not Acceptable)  
233 East Bay Street, Suite 930  
Suite, Apt. #, Etc.  
Suite 930  
City  
Jacksonville

200003179202-9  
-03/22/00--01018--007  
\*\*\*\*150.00 \*\*\*\*150.00

State Zip Code  
FL 32202

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  
*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 3-8-00

**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
P/D	H. Gene Harvey	4326 Blackjack Alley	Jacksonville, FL 32210
S/D	Annie E. Harvey	4326 Blackjack Alley	Jacksonville, FL 32210

200003179202-9  
-03/22/00--01018--008  
\*\*\*1500.00 \*\*\*1500.00  
KE

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: *[Signature]* H. GENE HARVEY 3-8-00 904/278-4373  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E081 (9/99)