

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



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

00 MAR 14 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 32073
Country 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 FL **Zip Code** 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**

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

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****1500.00 ****1500.00
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H. GENE HARVEY

Date

3-8-00

Daytime Phone #

904/278-4373

CR2E081 (9/99)