PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 FEB 18 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # #719068

1. Corporation Name

Alco - West, Inc.

Principal Place of Business

1050 King Street
Cocoa, Fl. 32922

Mailing Address

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

2. New Principal Office Address, If Applicable
1050 King Street
Suite, Apt. #, etc
City & State
Cocoa, Fl.
Zip
32922
Country
Brevard

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc
City & State
Zip
Country

4. Date Incorporated or Qualified To Do Business in Florida
March 2, 1970

5. FEI Number
23 7105888
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status
600002781
-03/01/99--01004---002
****297.50 ****297.50

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	Richard Leonard	566 Johnson St.	Cocoa, Fl. 32922
VD	(Smitty) Marilyn Hooper	1515 N. Indian River Dr.	Cocoa, Fl. 32922
TD	Florida Gardner	740 Thomas Lane	Cocoa, Fl. 32922
SS	Johnnie Mae Jenkins	1009 Revilla Lane	Rockledge, Fl. 32955
D	Hat Davis	390 Johnson Blvd.	Cocoa, Fl. 32926
D	Barnabas Stanley	624 Williams St.	Melbourne, Fl. 32901
D	Bennie Hopkins	3711 Crossbow Dr.	Cocoa, Fl. 32926

8. Name and Address of Current Registered Agent
Reginald Stone
345 Pomelo St.
Cocoa, Fl. 32922

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
REINSTATEMENT 98-[illegible] T.S.
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: Reginald T. Stone
REGISTERED AGENT MUST SIGN
Date 2/3/99

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 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: Richard Leonard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/3/99

(407) 631-7150
Daytime Phone #

CR2E081 (12/98)