PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
00 OCT 26 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 719068

1. Corporation Name

ALCO-REST, INC.

Principal Place of Business	Mailing Address
1050 KING STREET COCOA FL 32922	1050 KING STREET COCOA FL 32922

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/02/1970

5. FEI Number: 23-7105888 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

100003447484--7
-11/01/00--01092--011
****245.00 ****245.00

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 4
PD	~~LEONARD, RICHARD~~ Mary Beasley	~~566 JOHNSON ST.~~ 704 Donley St.	COCOA FL 32922
~~ID~~ SD	GARGNER, FLORIDA	740 THOMAS LANE	COCOA FL 32922
~~SS~~ TD	~~JENKINS, JOHNNIE MAE~~ Vivian Jefferson	~~1009 REVILLA LN~~ 200 Bounty St.	~~ROCKLEDGE FL 32955~~ Merritt Island FL 32952
VD	Errol Beckford	35 Grandview Blvd.	Cocoa, FL 329926

REINSTATEMENT 00 ~~&~~ TS

8. Name and Address of Current Registered Agent

STONE, REGINALD
345 POMOLO ST.
COCOA FL 32922

9. Name and Address of ~~New~~ Registered Agent

Name: Reginald Stone
Street Address (P.O. Box Number is Not Acceptable): 345 Pomolo St.
Suite, Apt. #, Etc.:
City: Cocoa State: FL Zip Code: 32922

CR2E040 (8/00)

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 Stone SIGNATURE REQUIRED — Date: 10/25/00
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: Mary Beasley SIGNATURE REQUIRED Mary Beasley — 10/25/00 — (321) 690-3423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #