

PLEASE READ ALL INSTRUCTIONS BEFORE COM

CORPORATION REINSTATEMENT



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

FILED
May 10 2000 8:00 am
Secretary of State

DOCUMENT # **H40863**

1. Corporation Name

ALMA, Inc.

2. Principal Office Address

3550 Holiday Ave
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 941145
Suite, Apt. #, etc.

City & State

Apopka FL

City & State

Matland FL

Zip

32703

Country

USA

Zip

32794-1145

Country

USA

REINSTATEMENT 9910

4. Date Incorporated or Qualified To Do Business in Florida

2-4-85

5. FEI Number

59-2522931

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

JAMES R. SABOFF

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

3550 Holiday Ave

500003296755-1

-06/20/00--01038--017

*****300.00 ***300.00**

Suite, Apt. #, Etc.

City

Apopka

State

FL

Zip Code

32703

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

JAMES R. SABOFF
REGISTERED AGENT MUST SIGN

Date **5/4/00**

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
DP	James R. Saboff	3550 Holiday Ave	Apopka FL 32703

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:

JAMES R. SABOFF
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/4/00

Daytime Phone #

(407) 532-9712

KE

CR2E081 (9/99)