



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS		FILED 03 OCT 14 PM 1:30 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # L39582					
1. Corporation Name ALVON, INC.					
Principal Place of Business 7241 SW 110TH TERRACE MIAMI FL 33156			Mailing Address 7241 SW 110TH TERRACE MIAMI FL 33156		
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		4. Date Incorporated or Qualified To Do Business in Florida 12/26/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0196263	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip		
D	CAMBRIDGE, A.S.	7241 SW 110TH TERRACE	MIAMI FL		
D	CAMBRIDGE, C.Y.	7241 SW 110TH TERRACE	MIAMI FL		
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
CAMBRIDGE, A S 7241 S.W. 110TH TERRACE MIAMI FL 33156-4535			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			Suite, Apt. #, Etc.		
			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. or 617.0505, F.S.					
Signature of Registered Agent 			Date		
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:  A.S. CAMBRIDGE - 10-9-03 - 667-6854 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E040 (7/03)

10.9.03

DIVISION OF CORPORATIONS,
P.O. Box 6327, TALLAHASSEE,
FLORIDA 32314.

DEAR SIR,

ATTENTION MR.B.LADEN, RE ALVON INC

PLEASE BE ADVISED THAT WE HAVE NEVER RECEIVED
ANY NOTICES FOR ALVON INC. IN 39582. REGARDING
ANNUAL PAYMENT FEES.

WE ARE HEREBY ENCLOSED CHEQUE # ⁵¹¹⁰~~5111~~ - 10.9.03
a.s.k
TO COVER REGISTRATION FEE FOR YEAR 2003.

YOURS TRULY

ALVON INC

PER A.S. LAMMAYU

PRESIDENT