

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 17, 2000 8:00 am**  
**Secretary of State**  
 08-17-2000 90001 033 \*\*\*150.00

DOCUMENT # ~~P90000014271~~  
 Entity Name ~~ALTIMI INC~~ **ALIMI INC** (R)  
 P98000068631

1. Principal Place of Business  
 DORMAN ROAD  
 LAKELAND FL 33813

2. Mailing Address  
 5124 DORMAN ROAD  
 LAKELAND FL 33813

3. Mailing Address  
 3129 S. FEDERAL HWY #  
 SUITE, APT. #, ETC.  
 WRT ST. LUCIE FL  
 City & State

2032 DUNBARTON WAY  
 LAKE LAND FL 33813  
 City & State



4. FEI Number  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BRANDT, JOYCE C  
 5124 DORMAN ROAD  
 LAKELAND FL 33813

7. Name and Address of New Registered Agent  
 Name  
 BRANDT, JOYCE C  
 Street Address (P.O. Box Number is Not Acceptable)  
 2032 DUNBARTON WAY  
 LAKE LAND  
 City  
 FL Zip Code  
 33813

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Joyce C. Brandt*  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  
 DATE 8-2-00

This corporation is eligible to satisfy its Intangible Tax Filing requirement and elects to do so.  FILE NOW!!! FEE IS \$650.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

| OFFICERS AND DIRECTORS          |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                        |   |
|---------------------------------|---|--|---|
| <input type="checkbox"/> Delete | D<br>BRANDT, SHAWN D<br>3145 SANDPIPER LANE<br>MULBERRY FL 33860    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE<br>PRESIDENT<br>NAME<br>BRANDT, SHAWN D<br>STREET ADDRESS<br>3000 WOODLAKE DR APT 103<br>CITY-ST-ZIP<br>PALM BAY FL 32905       |
| <input type="checkbox"/> Delete | D<br>BRANDT, JEFFREY M<br>4336 PORTAGE DRIVE<br>POLK CITY FL 33868  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE<br>VICE PRESIDENT<br>NAME<br>BRANDT, JEFFREY M<br>STREET ADDRESS<br>2829 FOREST GREEN DR N<br>CITY-ST-ZIP<br>LAKE LAND FL 33811 |
| <input type="checkbox"/> Delete | D<br>BRANDT, JOYCE C<br>5124 DORMAN ROAD<br>LAKELAND FL 33813       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE<br>SECRETARY<br>NAME<br>BRANDT, JOYCE C<br>STREET ADDRESS<br>2032 DUNBARTON WAY<br>CITY-ST-ZIP<br>LAKE LAND FL 33813            |
| <input type="checkbox"/> Delete | D<br>BRANDT, VALARIE D<br>3145 SANDPIPER LANE<br>MULBERRY FL 33860  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE<br>NAME<br>STREET ADDRESS<br>3000 WOODLAKE DR APT 103<br>CITY-ST-ZIP<br>PALM BAY FL 32905                                       |
| <input type="checkbox"/> Delete | D<br>BRANDT, MADELINE C<br>4336 PORTAGE DRIVE<br>POLK CITY FL 33868 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE<br>NAME<br>STREET ADDRESS<br>2829 FOREST GREEN DR N<br>CITY-ST-ZIP<br>LAKE LAND FL 33811  |
| <input type="checkbox"/> Delete |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |   |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information disclosed on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joyce C. Brandt*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date  
 Telephone #

CR2E034 (5/00)

Attachment  
DOC# P98000068631  
B0104614

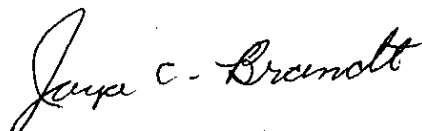
Alimi M Incorporated  
2032 Dunbarton Way  
Lakeland, Fl, 33813

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Ms. Harris:

I am requesting that the extra fee of \$500 be waived for the renewal of the corporation. The renewal was not received in the mail probably because all of the addresses of the officers have been changed. I am enclosing the forms and the check for \$150 in hopes that this will be acceptable. Your indulgence in this matter would be greatly appreciated .

Sincerely yours

  
Joyce C. Brandt  
Secretary

Attachment # P98000068631  
30104614

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

081500

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000068631

**1. Corporation Name**

ALIMI M INC

**2. Principal Office Address**

10129 S FEDERAL HWY 501  
Suite, Apt. #, etc.

**3. Mailing Office Address**

2032 DUNBARTON WAY  
Suite, Apt. #, etc.

**City & State**

PORT ST. LUCIE FL

**City & State**

LAKELAND FL

**Zip**

34952 LUCIE

**Zip**

33813 POLK

**4. Date Incorporated or Qualified To Do Business in Florida**

6-3-99

**5. FEI Number**

65-0854793

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**

JOYCE BRANDT

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

2032 DUNBARTON WAY

**Suite, Apt. #, Etc.**

**City**

LAKELAND

**State**

FL

**Zip Code**

33813

**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**

*Joyce C. Brandt*

REGISTERED AGENT MUST SIGN

Date 8-11-00

**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  |
|-------------------|-----------------------------------|--|---------------------|
| PRESIDENT         | BRANDT, SHAWN D                   | 3000 WOODLAKE DR APT 103<br>PALM BAY FL 32905  | PALM BAY, FL, 32905 |
| VICE PRESIDENT    | BRANDT, JEFFREY M                 | 2829 FORESTGREEN DR N                          | LAKELAND, FL, 33811 |
| SECRETARY         | BRANDT, JOYCE C                   | 2032 DUNBARTON WAY                             | LAKELAND, FL, 33813 |
| DIRECTOR OF BOARD | BRANDT, VALARIE D                 | 3000 WOODLAKE BR. APT 103                      | PALM BAY, FL, 32905 |
| DIRECTOR OF BOARD | BRANDT, MADELINE C                | 2829 FORESTGREEN DR N                          | LAKELAND, FL, 33811 |

**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:**

*Joyce C. Brandt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOYCE C. BRANDT

Date 8-11-00

863-644-2115  
Daytime Phone #

CR2E081 (9/99)