

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 DEC 16 PM 4:04

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P98000095007

Corporation Name

ALIAGA ENTERPRISES, INC.

Principal Place of Business

2180 SW 38th Street
 DANIA FLA 33312

Mailing Address

2140 NE 18th AVE
 FT. LAUDERDALE FLA 33305

REINSTATEMENT

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		November 9th 1998	
City & State		City & State		5. FEI Number	
Zip		Country		65-0894428	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P.V.P., T.S.	TONY ALIAGA	2140 NE 18th AVENUE	FORT LAUDERDALE FL 33305

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8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
VAN E. ANASTASION 305 SE 18th COURT FORT LAUDERDALE FL 33316		VAN E. ANASTASION Street Address (P.O. Box Number is Not Acceptable) 1000 S. ANDREW'S AVE. Suite, Apt. #, Etc. City: FT. LAUDERDALE State: FL Zip Code: 33316	

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: REGISTERED AGENT MUST SIGN Date: 11/23/99

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: TONY ALIAGA 11/23/99 954 963 8088
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #