PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 182

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC 23 AM 8:00

REINSTATEMENT 03

100025734171
12/23/03--01051--027 **150.00 MRD

DOCUMENT # **P99000002263**

1. Corporation Name

ALTON ADVISORS, INC.

Principal Place of Business	Mailing Address
155 SOUTH MIAMI AVENUE. [redacted]	155 SOUTH MIAMI AVENUE. [redacted]
PH-2A	PH-2A
MIAMI FL 33131	MIAMI FL 33131

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: 01/07/1999

5. FEI Number: 65-0890466 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ — $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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SIRLIN, DANIEL	155 SOUTH MIAMI AVENUE PH-2A	MIAMI FL 33130
~~D~~	~~KANSKY, JEFF~~	~~155 S. MIAMI AVE. PH 2A~~	~~MIAMI FL 33130~~
D	Krinsky, Jeff	155 S. Miami Ave, PH2A	Miami, Fl 33130

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
GRAYSON, MOISES T ESQ. 25 SOUTHEAST SECOND AVENUE, SUITE 730 MIAMI FL 33131	Name: Daniel Sirlin Street Address (P.O. Box Number is Not Acceptable): 155 S. Miami Avenue Suite, Apt. #, Etc.: PH 2A City: Miami — State: FL — Zip Code: 33130

CR2E040 (7/03)

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 12/15/03
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: _____ / Daniel Sirlin — 12/15/03 — 305-374-7075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

292

ALTON ADVISORS, INC.
155 South Miami Avenue, Penthouse 2A
Miami, Florida 33130

December 15, 2003

Division of Corporations
Annual Report / Reinstatement Section
PO Box 6327
Tallahassee, Florida 32314-6327

RE: 2003 Annual Report

Dear Sir or Madame:

Enclosed please find an Application for Reinstatement for Alton Advisors, Inc. We assume we did not receive the original Annual Report or Notice due to the fact that your records indicate two different suites for our company. The correct suite number is **PH 2-A**. Please accept this application with our check in the amount of $150.00 and reinstate Alton Advisors, Inc. as soon as possible.

Thank you for your attention to this matter.

Sincerely,

ALTON ADVISORS, INC.

Daniel Sirlin, Director