

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
00 OCT 18 PM 6:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000044749**

1. Corporation Name

**2475 ALOMA INC.**

Principal Place of Business

Mailing Address

2475 ALOMA AVENUE  
WINTER PARK FL 32792

2475 ALOMA AVENUE  
WINTER PARK FL 32792

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

05/17/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3577623

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	GEORGE, JOHN	2475 ALOMA AVENUE	WINTER PARK FL 32792
S	JASKOWIAK, JENNIFER	2475 ALOMA AVENUE	WINTER PARK FL 32792
			700003440857--8 -10/25/00--01078--020 ****750.00 ****750.00

**REINSTATEMENT** *oo*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FELDMAN, EVAN M ESQ.  
5975 SUNSET DRIVE  
SUITE 604  
S. MIAMI FL 33143

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.

Signature of Registered Agent

*[Signature]*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 10/13/00

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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:

*[Signature]*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/00 407-667-0023  
Date Daytime Phone #

CR2E04D (8/00)