

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 OCT 12 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000058579

1. Corporation Name

ALLY K ENTERPRISE CORP.

2. Principal Office Address - No P.O. Box #
406 NORTH BLVD W

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
DAVENPORT, FL

City & State

Zip
33837

Country
USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida **06/29/1999**

5. FEI Number
650931493

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
GILDARDO A. LEMA

Street Address (P.O. Box Number is Not Acceptable)
406 NORTH BLVD W

Suite, Apt. #, Etc.

City
DAVENPORT

State
FL

Zip Code
33122

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date **10-27-07**

REGISTERED AGENT MUST SIGN

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
P-TD	GILDARDO A. LEMA	406 NORTH BLVD W	DAVENPORT, FL 33122

400110745374
10/12/07 01070 002 **450.00

\$710/15

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gildardo A Lema President

Date

Daytime Phone #

Cell: 954-8683646