

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 OCT 19 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 639702

1. Corporation Name

ALBADOR ENTERPRISES, INC.

Principal Place of Business

1110 NE PINE ISLAND RD
SUITE #20
CAPE CORAL FL 33909
US

Mailing Address

1110 NE PINE ISLAND RD
SUITE #20
CAPE CORAL FL 33909
US

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.		10/15/1979	
City & State		City & State		5. FEI Number	
Zip		Country		59-2080145	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status	

REINSTATEMENT

990

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
PT	PILATOWSKI, BOHDAN	2330 SE 16 STR	CAPE CORAL, FL 00000
VPS	PILATOWSKI, NANCY ANNE	2330 SE 16 ST	CAPE CORAL FL

700003031577-7
-11/02/99--01008--008
*****750.00 *****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PILATOWSKI, BOHDAN
2330 SE 16TH STR
CAPE CORAL FL 33904

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

Bohdan Pilatowski

REGISTERED AGENT MUST SIGN

Date 10-12-99

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.

KE

SIGNATURE:

Nancy Anne Pilatowski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-12-99

Date

941-574

Daytime Phone #

4288

CR2E040 (6/99)