

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 11 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

700000006398

ALIA CORPORATION

700008422307
10/17/02--01015--024 **150.00

2. Principal Office Address

16312 ASHINGTON PARK DR.

Suite, Apt. #, etc.

City & State

TAMPA, FL.

Zip

33647

Country

U.S.A

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

Jan 10th, 2000

5. FEI Number

43-1975030

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

IHSAN ABDOULHOSN

Street Address (P.O. Box Number is Not Acceptable)

16312 ASHINGTON PARK DR.

Suite, Apt. #, Etc.

City

TAMPA,

State
FL

Zip Code

33647

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

Ihsan AH

REGISTERED AGENT MUST SIGN

Date 10/8/2002

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
PRESIDENT	IHSAN ABDOULHOSN	16312 ASHINGTON park Dr.	TAMPA, FL 33647
TREASURER	" " "	" " "	" " "
Secretary	" " "	" " "	" " "
vice president	LENA ABDOULHOSN	" " "	" " "

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 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:

Ihsan AH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/8/2002

Date

(813) 972 4506

Daytime Phone #

CR2E081 (9/01)

7/10/10

Alia Corporation

16312 Ashington Park Drv.
Tampa, FL 33647

10.07.2002

To Whom It May Concern,

I, Ihsan Aboulhosn, President of Alia Corporation, have been traveling out of the country. For some reason I have not received the renewal form, hence the reason for not filing before. Please take that into consideration, we are asking for a waiver of the reinstatement fees. Enclosed, is a check for the amount of \$ 150.00 for annual report fee and corporation supplemental fee.

Thank you very much for your cooperation.

Sincerely,



Ihsan Aboulhosn
President