

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2008 JUN 19 PM 4:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT # F06000004728**  
 1. Entity Name  
 27 ALANA DRIVE CORP.

Principal Place of Business 90 AIR PARK DRIVE SUITE 200 ROCHESTER, NY 14624	Mailing Address 90 AIR PARK DRIVE SUITE 200 ROCHESTER, NY 14624
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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05122008 REIN-P CR2E098 (1/07)

City & State	City & State
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4. FEI Number 16-1573553	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**  
 NATIONAL CORPORATE RESEARCH, LTD, INC.  
 515 EAST PARK AVENUE  
 TALLAHASSEE, FL 32301

**7. Name and Address of New Registered Agent**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [Signature], REST. SGT. DATE: 6-19-08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS	
TITLE	DPST <input type="checkbox"/> Delete
NAME	NORTHROP, STEPHEN E
STREET ADDRESS	90 AIR PARK DRIVE SUITE 200
CITY-ST-ZIP	ROCHESTER, NY 14624
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	800131632438
CITY-ST-ZIP	06/24/08--01038--014 **900.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	REINSTATEMENT
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	REINSTATEMENT
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	07-08
CITY-ST-ZIP	985
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with no class, with all other like empowered.

SIGNATURE: [Signature] DATE: May 20, 2008 DAYTIME PHONE #: 800-253-3449

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR