

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 16 AM 9:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 305478

1. Corporation Name

ALFRED JOSEPH & COMPANY, INC.

2. Principal Office Address

18798 SW 108TH AVE  
Suite, Apt. #, etc.

3. Mailing Office Address

SAME  
Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33157

Country

DADE

**REINSTATEMENT 02**

4. Date Incorporated or Qualified  
To Do Business in Florida

5-27-66

5. FEI Number

59-1145298

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

ALFRED JOSEPH

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

18798 SW 108TH AVE

Suite, Apt. #, Etc.

City

MIAMI

4000008374984

-10/15/02--01052--001

\*\*\*\*608.75 \*\*\*\*608.75

State  
FL

Zip Code

33157

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

Alfred Joseph  
REGISTERED AGENT MUST SIGN

Date

Sept. 16, 02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles      | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip            |
|-------------|--------------------------------------|---|-------------------------------|
| <u>PSTD</u> | <u>TERKENE JOSEPH</u>                | <u>11000 MARIN ST</u>                             | <u>CORAL GABLES, FL 33156</u> |
| <u>V.D</u>  | <u>JONATHAN A. JOSEPH</u>            | <u>8146A THAMES BLVD</u>                          | <u>BOCA RATON, FL 33433</u>   |
|             |                                      |   |                               |
|             |                                      |   |                               |
|             |                                      |   |                               |
|             |                                      |   |                               |

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:

Terlene Joseph  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Sept. 16, 02 305-284-8834  
Daytime Phone #

292

October 8, 2002

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
Tallahassee, Florida 32314

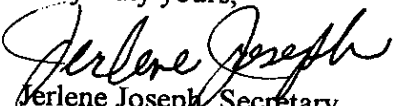
Re: Reinstatement of ALFRED JOSEPH & COMPANY, INC.

Dear Sir or Madam:

Pursuant to your letter dated September 25, 2002, (see attached copy) please find enclosed a check for \$608.75 This consists of a \$600 reinstatement fee, and \$8.75 for a certificate of status.

If I can be of any further assistance, please do not hesitate to contact me, or our chief executive, Alfred Joseph, at (305) 254-6285. Thank you for your consideration in this matter.

Very truly yours,

  
Terlene Joseph, Secretary  
Alfred Joseph & Company, Inc.

Enclosures