

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVAL
FILED

04 DEC 10 PM 5:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 312224

1. Corporation Name

ALFA INTERNATIONAL, INC.

2. Principal Office Address

15042 SW 143 PLACE

3. Mailing Office Address

105 EDGEWOOD Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

WILMINGTON, DE

Zip

33186

Country

USA

Zip

19809

Country

USA

REINSTATEMENT 92-21

4. Date Incorporated or Qualified
To Do Business in Florida 12-28-1966

5. FEI Number

736502809

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

FRANCO VALENTINO

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

15042 SW 143 PLACE

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33186

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/6/04

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
Pres:	LOUNDES VALENTINO	15042 SW 143 PLACE	MIAMI, FL 33186
C/D/V	FRANCO VALENTINO	15042 SW 143 PLACE	MIAMI, FL 33186

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12/10/04--01035--017 **2550.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-6-04

Date

Daytime Phone #

CR2E081 (01/04)