PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 MAR 22 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 406207

1. Corporation Name
ALTO ENTERPRISES EAST COAST CORP.

Principal Place of Business / Mailing Address
1150 SW 1st Street, Suite 217
Miami, Florida 33130

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

REINSTATEMENT 95-99

4. Date Incorporated or Qualified To Do Business in Florida: 8/3/72

5. F.E.I. Number: 59-1640913 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ **$8.75 Additional Fee required for a Certificate of Status**

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	LUIS Rosas Guyon, Sr.	491 SW 22 Rd	Miami, FL 33129
ST	HILDA ROSAS Guyon	491 SW 22 Rd	Miami, FL 33129

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8. Name and Address of Current Registered Agent
LUIS Rosas Guyon
491 SW 22 Rd
Miami, FL 33129

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City / State / Zip Code: FL

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***1350.00 ***1350.00-

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 X Luis Rosas Guyon Sr.
REGISTERED AGENT MUST SIGN

Date 3/19/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☑ No ☐ (See other side for information on intangible tax.)

12. 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: X Luis Rosas Guyon Sr. — 3/19/99 — (305) 545-5005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
LUIS ROSAS GUYON, Sr.

CR2E086 (12/98)