

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



FILED
 99 OCT 19 AM 8:36
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **639702**

1. Corporation Name
ALBADOR ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1110 NE PINE ISLAND RD SUITE #20 CAPE CORAL FL 33909 US	1110 NE PINE ISLAND RD SUITE #20 CAPE CORAL FL 33909 US

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 10/15/1979	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2090145	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

REINSTATEMENT *990*

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PT	PILATOWSKI, BOHDAN	2330 SE 16 STR	CAPE CORAL, FL 00000
VPS	PILATOWSKI, NANCY ANNE	2330 SE 16 ST	CAPE CORAL FL

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
PILATOWSKI, BOHDAN 2330 SE 16TH STR CAPE CORAL FL 33904	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City
	State FL
	Zip Code

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: *Bohdan Pilatowski* Date: **10-12-99**

REGISTERED AGENT MUST SIGN

11. 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.

KE

SIGNATURE: *Nancy Anne Pilatowski* Date: **10-12-99** Daytime Phone #: **941-574 4288**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/98)