## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	08 MAR 25 AM 6: 08  SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT# 6844  1. Corporation Name  Alice MAE Ren  1) 596 WALTIN	etal Tervice Inc.	000121198140 03/25/0801019009 **150.00 49 3.26.08
CArgo, Florid 4  2. Principal Office Address - No P.O. Box#  Suite, Apt. #, etc.	3. Mailing Office Address  Suite, Apt. #, etc.	RENSTALEMENT 07-08
City & State Country	City & State  Zip Country	4. Date Incorporated or Qualified To Do Business in Florida  5. FEI Number  SG- VOV 6 2 6 7  Not Applied For — Not Applicable
33778 KITIA.	of Current Registered Agent	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
reet Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc. #		The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.
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 Date Date		
	nd/or Director (Florida nonprofit corporations must list at I	
Titles Name of Officers and/or Directors		or City / State / Zip
	MECKFESTEL 1990	90, Fla 33778 96 Walsingham-Rd. 1
		03757081-8:013-5881 4#050.00
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 contained in Chapter 119, 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.  RowalD		
SIGNATURE: MECKFETTEL SIGNATURE AND TYPED OR RENTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		