

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVAL
AND
FILED

08 MAR 25 AM 6:08


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03/25/08--01019--009 **150.00

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REINSTATEMENT 07-08

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 684424

1. Corporation Name
Alice Mae Rental Service Inc.
11596 Wattingham Rd. #2
Largo, Florida 33778

2. Principal Office Address - No P.O. Box #
Suite, Apt. #, etc. None
City & State
Zip 33778 Country U.S.A.

3. Mailing Office Address
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 8/8/80

5. FEI Number 59-2026267 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 RONALD W. MECKFETTEL

Street Address (P.O. Box Number is Not Acceptable) 11596 Wattingham Rd. #2

Suite, Apt. #, Etc. #2

City LARGO State FL Zip Code 33778

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 [Signature] Date 2/20/08

REGISTERED AGENT MUST SIGN

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
<u>Pres</u>	<u>RONALD W. MECKFETTEL</u>	<u>11596 Wattingham Rd. #2</u> <u>Largo, Fla. 33778</u>	
<u>Sec.</u>	<u>Judith R. Meckfettel</u>	<u>11596 Wattingham Rd. #2</u> <u>Largo Fla 33778</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 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.

SIGNATURE: [Signature] RONALD W. MECKFETTEL Date 2/20/08 Daytime Phone # 727 555 4757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR