

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra L. Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 AUG 19 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 687093

1. Corporation Name

A.E.E.N.P.O.N.O., INC.

CHARTER No. 687093

Principal Place of Business

Mailing Address

GABLES PLAZA 15201 S.W. 87th Court
625 BILTMORE WAY, STE # 105 MIAMI, FL 33157
CORAL GABLES, FL 33134
See Mailing address

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

2. New Principal Office Address, If Applicable

15201 S.W. 87th Court

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

15201 S.W. 87th Ct.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

9/09/80

5. FEI Number

N/A

Applied For

Not Applicable

City & State

MIAMI - FL

City & State

MIAMI - FL

Zip

33157

Country

U.S.A.

Zip

33157

Country

DADE U.S.A.

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D PRES.	ALEJANDRO PONCE	15201 S.W. 87th Court	MIAMI, FLA 33157
S/T/D	JUNE PONCE	15201 S.W. 87th Court	MIAMI, FLA 33157
			200002624222--0 -08/25/98-01022-001 *****750.00 *****750.00
			200002624222--0 -08/25/98-01022-002 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

MONICA PONCE
15201 S.W. 87th Court
MIAMI, FLA 33157

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date 7-24-98

11. This corporation owes or has paid 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:

S/T/D.

7/24/98

(305) 255-7424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

A.L.E.N.P.O.N.O.
15204 S.W. 87th Ct.
MIAMI, FLA 33157

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TO TWHOM IT MAY CONCERN

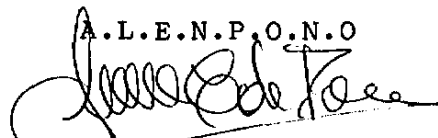
MIAMI, JULY 24th, 1998

RE: A.L.E.N.P.O.N.O., INC.
CHARTER NUMBER 687093

ATTN: MS. SPRATHER

AS PER OUR TELEPHONE CONVERSATION OF JULY 10th, 1998
THE YEARLY RENEWAL FORMS FOR THE ABOVE CORPORATION WERE
EITHER LOST OR RETURN, IN 1995 WE MOVED OUR PHISICAL ADDRESS
AND THE PERSON IN CHARGE OF THIS OVERLOOKED THIS MATTER AND
THE CORPORATION RIGTH NOW IS DISSOLVED, AS PER OUR AGREE-
MENT WE HAVE TO SEND YOU \$750.00 TO REACTIVATE THE COR-
PORATION, WE HAVE RECEIVED THE FORMS THAT YOU SEND US
IN ORDER TO DO IT, WE ARE ENCLOSING THE FORM FILLED AND
THE CHECK FOR \$750.00, WE APPRECIATE VERY MUCH YOUR COO-
PERATION.

VERY TRULY YOURS,

A.L.E.N.P.O.N.O.

JUNE PONCE
Secretary-Treasurer

jp.

Encl:
CHECK #676 \$ 8.75 Certificate of STATUS
CHECK # 677 \$ 750.00 Corporation Reinstatement,