

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

00 FEB 22 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

F 66939

1. Corporation Name

ALEMAN'S SPRINKLERS SYSTEM, INC.

Principal Place of Business

Mailing Address

10608 S.W 184TH TERRACE
MIAMI, FLORIDA 33157

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

10775 S.W 190TH ST.

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BAY 20

City & State
MIAMI/FLORIDA

City & State

Zip Country

33157

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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
PD	ALEMAN, ROSARIO	10775 S.W 190TH ST. # 20	MIAMI, FLORIDA 33157
SD	ALEMAN, JOSE A.	10775 S.W 190TH ST. # 20	MIAMI, FLORIDA 33157

500003168605--3
-03/14/00--01044--017
****300.00 ****300.00

8. Name and Address of Current Registered Agent

ALEMAN, JOSE A.
10608 S.W 184TH TERRACE
MIAMI, FLORIDA 33157

9. Name and Address of New Registered Agent

Name

ALEMAN, -JOSE-A-

Street Address (P.O. Box Number is Not Acceptable)

10775 S.W 190 STREET BAY 20

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33157

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

02/17/00

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes: Yes ☐ No ☒

(See other side for information
on intangible tax)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROSARIO ALEMAN

Date

2/17/00 (305) 378-1804

Daytime Phone #

February 16, 2000

**FLORIDA DEPARTMENT OF STATE
DIVISIONS OF CORPORATIONS**

**RE: CORPORATE ANNUAL REPORT 1999
ALEMAN'S SPRINKLER SYSTEMS, INC.
DOCUMENT # F66939**

Dear Sir or Madam:

I'm enclosing an application for reinstatement for Aleman's Sprinklers Systems, Inc. and also the filing in the amount of \$ 300.00 for 1999 & 2000. I never got by mail the Corporate Annual Report for 1999 that's why I had to file it out a reinstatement. Aleman's Sprinklers Systems, Inc. has changed its address since October 1998. I'm including with this report our new address, please adjust your records accordingly. Thanks in advance for your attention and understanding.

Sincerely,

Rosario Aleman
President