

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

Page 1 of 2

FILED

97 MAR 13 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

F 75874

1. Corporation Name

A & L Service Inc.

Principal Place of Business

A & L Service Inc.  
238 N. TAMIAH AVE.  
VENICE FL 34285

Mailing Address

10 LAWRENCE TSCHANKE  
756 COLSAKE RD  
VENICE FL 34293

filed as A/R for 1996 & 1997  
MWB  
3/13/97

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

4-12-1982

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2301842

Applied For

City & State

City & State

Venice, FL

Not Applicable

Zip

Country

Zip

Country

33595

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
PD	TSCHANKE MARIE	756 COLSAKE RD	VENICE FL 34293
DU	TSCHANKE LAWRENCE	756 COLSAKE RD	VENICE FL 34293

700002113847--7  
-03/14/97--01068--011  
\*\*\*\*365.00 \*\*\*\*365.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TSCHANKE, LAWRENCE  
756 COLSAKE RD  
VENICE FL 34293

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

*Lawrence Tschanke*

Date 2-12-97

REGISTERED AGENT MUST SIGN

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 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:

*Lawrence Tschanke*

Lawrence Tschanke

2-12-97

Date

941-485-4388

Daytime Phone #

CR2E040 (12/96)

**A & L SERVICE, INC.**

Florida Department  
of State Secretary of State  
Division of Corporations  
Corporate Records

Feb-20-1997

FILED  
97 MAR 13 AM 11:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dear Marie Bartlett:

Did not received the form from  
Division of Corporate, to renew for 1996. Have had  
problem with mail before. The problem has  
been taken care of. Please send all mail to Post  
office box 3163 or 23872. Tamiami Tr. Enclosed  
is a check in the amount of \$365.00, the application  
for Reinstatement.

Thank You.  
Marie Schant