PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



## FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State DIVISION OF CORPORATIONS 02 NOV 19 PM 1: 47

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT# F7	58	37	4
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1. Corporation Name

A & L Service Inc.

3000087251	23
10/31/0201049012	<b>**</b> 450.00

			<u> </u>				
2. Principal Office Address 3. Mailing Office Address					<i>:</i>		
. 223	8 Tamiami Tr. S	டங்கு.O. Box 871		4			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. Date Incorporated or Qualified			
				To Do Busine	ss in Florida April	12, 1982	
City & State		City & State		5. FEI Number Applied For			
Venice, Florida		Venice Florida		59-2	301842	Not Applicable	
Zip	Country	Zip .	Country	6.	F STATUS DESIRED 58.75	Additional Fee required Certificate of Status	
3429	Sarsota	34284	Sarsota	CERTIFICATE			
3423		7. Name an	d Address of Current Regis	tered Agent		····	
	Name						
	Lawrence T	<u>schantre</u>					
	Street Address (P.O. Box Number is N		•				
	791_Colgate	_Rd					
	Suite, Apt. #, Etc.						
	City				State Zip Code	4	
	Vonico						
8. I, being Signature o Registered		ove named corporation, a		e obligations of socio	Date	02_	
Q. Namer	s and Street Addresses of Each Officer a	nd/or Director (Florida ಗ್ರಂ	nprofit corporations must list	at least 3 directors)			
Titles	Name of Officers and/or Director	į	Street Address of Officer and/or Dir	Each	City / State	/ Zip	
	Tschantre Marie		791 Colgate	Rđ	Venice Fl.	34293	
PD	Tschantre Lawre		791 Colgate	Rd.	Venice.Fl	. 34293	
DV	Ischantle Lawr				سسعي يعم ال		
e		Line Sec. 1 de 1998	- <u> </u>			••	
<u> </u>							
<u> </u>					SP		

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 filling 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 cath.

SIGNATURE: Lawrence Tschantre don

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/14/2002

Daytime Phone #

941-408-8182

Phone 941 408 8182 Fax 941 408 8182

October 29, 2002

**Division of Corporations** 

P.O. Box 6327 Tallahassee, Fl. 32314

Uniform Business Report

Reinstatement

We at A&L Service Inc. Moved In Dec. 1999 To 2238 Tamiami Tr. Venice Fl. 34293 The building was taken for building a new bridge, over the water way—For Business route US 41.

No Mail was sent to the new address, even though the Dept. of Corporation was notified

Please find enclosed a check for the sum of \$ 450.00 for the reinstatement fees and the The UBR form.

Thank You

Lawrence Tschantre

Vice Pres,

A & L Service Inc.