PLEASE READ ALL INSTRUCTIONS BEFORE (COMPLETING FPROFORM.
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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

F95000002786

1. Corporation Name

1 93000002700

ALOSI CONSTRUCTION CORPORATION

AND

1-2

96 OCT -3 PM 3: 10

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address					-						
365 NE 5TH ST BOCA RATON FL 33432 365 NE 5TH ST BOCA RATON FL											
		correct in any way, line							<u></u>		
New Principal Office Address, If Applicable New Maili			ling Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 06/09/1995					
Suite, Apt. #, etc. Sulte, Apt.			Sulte, Apt. #,	i, elc.			5. FEI Numbe	5. FEI Number Applied For			
City & State		City & State	City & State				11-3133367		Not Applicable		
Zip		Country	Zip		Country		6. CERTIFICATI	E OF STATUS DESIRED 🔲 S		itional Fee required rificate of Status	
7. Names a	and Street Addre	esses of Each Officer a	nd/or Director (Flo	rida nonprofit		**************************************		·p			
Title(s) 1	2	Name of Officers and/or Directors		3 (Do	Office	Address of Ead or and/or Director Post Office Box	or	City /	State / Zip	p	
CPST ISOLA, CARLO				365 NE 5	TH ST			BOCA RATON FL 33432			
							51	-10/16/96- +***200.00	7 2 8 -0107 ***	\$5===\$ 4007 **200.00	
						······ ········				, programa and a	
			***************************************			· ·		0000197 -10/16/96 *******8.79	-0107	4008 	
						:		**************************************	\ <u>\</u>	14440, 1C	
								Bin.	1//.		
8. Name and Address of Current Registered Agent						9. Name and	Address of New Registers	d Agent			
Name											
ISOLA, CARLO 365 NE 5TH ST				Street Address (P.O. Box Number Is Not Acceptable)							
BOCA RATON FL 33432				Suite, Apt. #, Etc.							
•		7 ~				City		Sta		Code	
10. I, being	appointed the	egis ered agent of the	above named corp				obligations of Sect	llon 607.0505, F.S			
Signature of Registered		XO) JUX						Date 9/29/9	4		
		_	REGISTERED AG	SENT MUST S	SIGN	······································		· · · · · · · · · · · · · · · · · · ·	·····		
11. Do	es this co ept. of Re	orporation pay venue under (/ any intanç S. 199.032,	gible tax Florida	to the Statut	es. Yes	s 🗆 No 🗀	(See other on in	side for in tangible to	nformation ax.)	
this rein	istatement application	cation, the reason for d	lissolution has beer he names of individ	n eliminated, ti duats listed on	he corpora this form	te name satisfic do not qualify fo	es the requirements or an exemption un	apter 607 or 617, F.S. I furth s of section 607.0401 or 617 der section 119.07(3)(I), F.S	'.0401, F.I	S., that all fees	

SIGNATURE:

SIGNATURE AND TYPEDOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/96 561

561 314 3103

Alosi Construction Co.

Carlo Isola President 365 NE 5th Street Boca Raton, Florida 33432

Telephone 407-394-3103 Fax 407-394-3103

September 30, 1996

Florida Department of State Division of Corporations Annual Report/Reinstatements PO Box 6327 Tallahassee, Florida 32314-6327

To Whom It May Concern:

I am in receipt of your Notice of Administrative Dissolution or Revocation and Application for Reinstatement. After speaking with your office, it is my understanding that an application for renewal was forwarded to me at an earlier date. Please be advised that I did not receive this renewal application and was unaware that this renewal was due.

I respectfully request that the the enclosed check in the amount of \$200.00 (\$61.25 for Annual Report Fee and \$138.75 for Corporate Supplemental Fee) be accepted by the State of Florida for renewal of my corporation and that any and all paperwork required to renew this be forwarded to me at your earliest convenience so that this matter can be resolved.

Should you have any questions, please do not hesitate to contact me at 561-394-3103 or beep me at 407-496-8087.

Carlo Isola President

CI/kk Enclosure