

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F98000003154**

1. Corporation Name

**ALDERON COMPUTING INCORPORATED**

Principal Place of Business

PO BOX 445  
ITHACA NY 14850-0445

Mailing Address

PO BOX 445  
ITHACA NY 14850-0445

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date incorporated or Qualified  
To Do Business in Florida

06/04/1998

SP

5. FEI Number

16-1497647

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	4 City / State / Zip
PCD	DAVIS, STEVEN	19285 SABAL LAKE DR 22333 SW 66 Ave Apt 1112	BOCA RATON FL

8. Name and Address of Current Registered Agent

DAVIS, STEVEN  
19285 SABAL LAKE DRIVE  
BOCA RATON FL 33434

9. Name and Address of New Registered Agent

Name Davis, Steven  
Street Address (P.O. Box Number is Not Acceptable)  
22333 SW 66 Ave # 1112  
Suite, Apt. #, Etc.  
City Boca Raton State FL Zip Code 33428

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

Steven Davis

REGISTERED AGENT MUST SIGN

Date 10/25/99

11. 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:

Steven Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/99 (561)392-8663

Date

Daytime Phone #



REINSTATEMENT **99**

FILED

99 NOV -8 AM 10: 58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA