

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # 6100640  
1. Corporation Name  
**ALGER ENTERPRISES, INC.**

Principal Place of Business Mailing Address  
**21822 State Road 44  
Eustis, Florida 32726**

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 <b>9/20/82</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>59-2223127</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
DP	HUGH G. ALGER	21822 State Road 44	Eustis, Florida 32726
DVP S	PAULA L. ALGER	21822 State Road 44	Eustis, Florida 32726

8. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, Florida 32301**

9. Name and Address of New Registered Agent

Name  
**HUGH G. ALGER**  
Street Address (P.O. Box Number is Not Acceptable)  
**21822 State Road 44**  
Suite, Apt. #, Etc.  
City  
**Eustis,**  
State  
**FL**  
Zip Code  
**32726**

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 Hugh G. Alger **HUGH G. ALGER** Date **June 24, 1997**  
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: Hugh G. Alger  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**HUGH G. ALGER, President**

June 24, 1997 353 357-  
Date Daytime Phone #  
**2446**

FILED

97 JUN 30 PM 1:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 910-97