

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

02 OCT 16 AM 8:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** G00640

**1. Corporation Name**

ALGER ENTERPRISES, INC.

**2. Principal Office Address**

19005 C.R. 44A

Suite, Apt. #, etc.

**3. Mailing Office Address**

P.O. Box 1689

Suite, Apt. #, etc.

**City & State**

Eustis

**City & State**

Florida

**Zip**

**Country**

32726

USA

**Zip**

**Country**

32727

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

September 20, 1982

**5. FEI Number**

59-2223127

**Applied For**

Not Applicable

**6.**

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current 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

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

**Signature of  
Registered Agent**

*X Hugh Alger*

REGISTERED AGENT MUST SIGN

**Date**

9/9/02

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Hugh G. Alger	19005 C.R. 44A	Eustis, Florida 32726
Dir.	Paula L. Alger	19005 C.R. 44A	Eustis, Florida 32726
Vice P.			
Secretary			

**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 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 Alger*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**Daytime Phone #**

9-9-02 352-357-2446

CR2E031 (9/01)

9/10/02

**W. THOMAS LOVETT, P. A.**

ATTORNEY AT LAW

801 N. MAGNOLIA AVENUE, SUITE 301  
ORLANDO, FLORIDA 32803

TELEPHONE  
(407) 423-3303

TELECOPIER  
(407) 423-1903

October 11, 2002

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Re: Alger Enterprises, Inc. - FEI #59-2223127

Dear Sir/Madam:

Enclosed herewith is the Corporation Reinstatement form for Alger Enterprises, Inc., along with my trust account check in the amount of \$1,050.00. If anything further is required to activate the corporation, please notify the undersigned at your earliest opportunity. Thank you.

Very truly yours

  
W. Thomas Lovett

WTL/ars  
Enclosures