

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

05 AUG 17 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **600640**

1. Corporation Name

Alger Enterprises, Inc.

2. Principal Office Address

19005 County Road 44A

Suite, Apt. #, etc.

City & State

Eustis, Florida

Zip

32726

Country

USA

3. Mailing Office Address

Post Office Box 1689

Suite, Apt. #, etc.

City & State

Eustis, Florida

Zip

32727

Country

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

REINSTATEMENT **03-05**

K. Eckel **AUG 18 2005**

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

Hugh G. Alger
REGISTERED AGENT MUST SIGN

Date **August 16, 2005**

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
D/P	Hugh G. Alger	21822 State Road 44	Eustis, Florida 32726
D/V/S	Paula Lynn Alger	19005 County Road 44A	Eustis, Florida 32726

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 G. Alger*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hugh G. Alger

August 16, 2005

Date

352-978-9205

Daytime Phone #

CR2E081 (01/05)