

PLEASE READ ALL INSTRUCTIONS BEFORE COM

**CORPORATION
REINSTATEMENT**



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

FILED
May 10 2000 8:00 am
Secretary of State

DOCUMENT # **H40863**

1. Corporation Name

ALMA, Inc.

2. Principal Office Address

3550 Holiday Ave

Suite, Apt. #, etc.

City & State

Apopka FL

Zip

32703

Country

USA

3. Mailing Office Address

P.O. Box 941145

Suite, Apt. #, etc.

City & State

Matland FL

Zip

32794-1145

Country

USA

REINSTATEMENT

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

2-4-85

5. FEI Number

59-2522931

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

JAMES R. SABOFF

Street Address (P.O. Box Number is Not Acceptable)

3550 Holiday Ave

Suite, Apt. #, Etc.

City

Apopka

State

FL

Zip Code

32703

500003296755-1

-06/20/00--01038--017

******300.00 ****300.00**

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

JAMES R. SABOFF

REGISTERED AGENT MUST SIGN

Date **5/4/00**

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 |
|--------|--------------------------------------|---|--------------------|
| DP | James R. Saboff | 3550 Holiday Ave | Apopka FL 32703 |
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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:

JAMES R. SABOFF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/00 (40) 532.9712

Date

Daytime Phone #

KE