PLEASE MEAU	ALL INSTRUCTIONS BEFORE C	COMPLETING THIS FORM.
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED OOMAR 15 PM 3: 39
DOCUMENT # J56294 (8) 1. Corporation Name ALAdINA MARKETING, INC.		SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Office Address	3. Mailing Office Address	
4141 N.E. 2Nd AVE.	1	REINSTATEMENT 99-00
City & State M. AMI FL	City & State	4. Date Incorporated or Qualified To Do Business in Florida 1/29/1987 5. FEI Number Applied For
Zip 3 3 1 3 7 Country	Zip Country	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
	7. Name and Address of Current Registere	ed Agent
MA XI MILIAN Street Address (P.O. Box Number is N 600 N.E. 36 Suite, Apt. #, Etc. 50-9 City M.AM.	700031795373 -03/22/0001037001 ****900.00 ****900.00 State Zip Code FL 33/37	
8. I, being appointed the registered agent of the about 5 ignature of Registered Agent	ove named corporation, am familiar with and accept the ob EGISTERED AGENT MUST SIGN	bligations of section 607.0505 or 617.0503, F.S. Date $\frac{3/1/2000}{}$
9. Names and Street Addresses of Each Officer an	nd/or Director (Florida nonprofit corporations must list at lea	ast 3 directors)
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
D. MAXIMILIAN, L. AR	ENA 600. N.E. 36th	5T#509 H.AM., FL 33137
		LS
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 filling 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:		
Date Daytime Phone #		