

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

1996-2014



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 JAN 30 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K 65447

1. Corporation Name

Alelie, Inc.

2. Principal Office Address - No P.O. Box #

6315 La Costa Drive

Suite, Apt. #, etc.

Apt. 9M

City & State

Boca Raton, FL

Zip

33433

Country

USA

3. Mailing Office Address

150 East 58th Street

Suite, Apt. #, etc.

34th floor

City & State

New York, NY

Zip

10155

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

2/14/1989

5. FEI Number

46-4063671

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

Carlos J. Bianchi

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

6315 La Costa Drive

Suite, Apt. #, Etc.

Apt. 9M

City

Boca Raton

State

FL

Zip Code

33433

300256194273
01/30/14--01019--002 **\$450.00

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

REGISTERED AGENT MUST SIGN

Date 11-26-13

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	Miguel Plitman	3900 Island Boulevard	Aventura, FL 33160
D	Alelie Plitman	3900 Island Boulevard	Aventura, FL 33160
S	Carlos Bianchi	6315 La Costa Drive	Boca Raton, FL 33433

10. E-mail Address: cbianchi@bianchiintlaw.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS J. BIANCHI

Date

11-26-13

Daytime Phone #

212-355-3233