

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



97 AR
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

97 NOV -7 PM 2:49

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # K85269

1. Corporation Name
ALEGANT BY TINA, INC.

Principal Place of Business Mailing Address
330 AMESBURY COURT 330 AMESBURY COURT
LONGWOOD FL 32779-4647 LONGWOOD FL 32779-4647



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 195 Westmonte Drive, S. Suite, Apt. #, etc. Suite E City & State Altamonte Springs, FL Zip 32714 Country SEMINOLE	3. New Mailing Office Address, If Applicable 195 Westmonte Drive, S. Suite, Apt. #, etc. Suite E City & State Altamonte Springs FL Zip 32714 Country SEMINOLE
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4. Date Incorporated or Qualified To Do Business in Florida 05/01/1989	Applied For Not Applicable
5. FEI Number 59-2944759	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	RUDEZ, JUSTINA	330 AMESBURY CT	LONGWOOD FL
			500002344935--3 -11/12/97--01088--013 ****165.00 ****165.00

8. Name and Address of Current Registered Agent
RUDEZ, JUSTINA
330 AMESBURY CT
LONGWOOD FL 32779

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent *Justin Rudez* REGISTERED AGENT MUST SIGN Date **10-31-97**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on Intangible tax.) *AD*

12. 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: *Justin Rudez* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **10-31-97** (407) 774-7442 Daytime Phone #

CR2E040 (8/97)

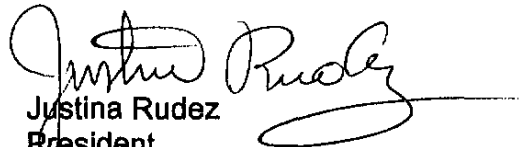
October 31, 1997

Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314-6327

Enclosed please find my check for \$165.00 for the annual corporate fee. I have changed my corporate office and never received the original filing papers. Your consideration in reinstating Alegant By Tina, Inc. would be greatly appreciated.

Thank you for your help in this matter.

Sincerely,



Justina Rudez
Resident
Alegant By Tina, Inc.