

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 MAY -2 AM 8:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L42535

1. Corporation Name

ALAYA CORPORATION

2. Principal Office Address

100 N. COLLIER BLVD

Suite, Apt. #, etc.

# 208

City & State

MARCO ISLAND FL

Zip

34145

Country

USA

3. Mailing Office Address

100 N. COLLIER BLVD

Suite, Apt. #, etc.

# 208

City & State

MARCO ISLAND FL

Zip

34145

Country

USA.

4. Date Incorporated or Qualified  
To Do Business in Florida

1/16/90

5. FEI Number

65-0170364

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

JOY MELLWIG

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

1083 TIVOLI DRIVE

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34104

800054291238  
05/11/05--01057--007 \*\*150.00

800054291238  
05/11/05--01057--008 \*\*150.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 04-21-05

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
P TD	MARGARETE RAICH-JINIC	<u>#208</u> <u>100 N. COLLIER BLVD</u>	<u>MARCO ISLAND FL</u> <u>34145</u>

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/24/05

Daytime Phone #

CR2E081 (01/05)

April 21, 2005

Florida Department of State  
Division of Corporations  
Tallahassee, FL

Re: Reinstatement of Corporation

Dear Sir or Madam:

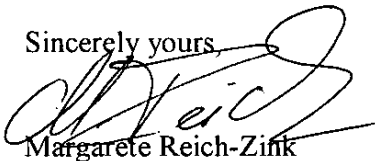
Enclosed is an application for reinstatement of Alaya Corporation. Please note that the Annual report form for 2004 was never received and I did not realize that the form had not been filed until it was brought to my attention by my accountant recently. It was an inadvertent oversight as I am overseas a good part of the year and the mail sometimes gets misplaced.

I respectfully request that you waive the reinstatement penalty as I did not purposefully neglect my duty to comply with the rules.

I have enclosed 2 checks for \$150 for the fees for 2004 and 2005 and an application for reinstatement.

Thank you for your consideration.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'M. Reich-Zink', written over the typed name.

Margarete Reich-Zink

100 N. Collier Blvd.

#208

Marco Island FL 34145