

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

[Handwritten signature]

00 OCT 27 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L46925**

1. Corporation Name

AL & MARIA, CORPORATION

Principal Place of Business

Mailing Address

13730 STATE RD 84
DAVIE FL 33325

13730 STATE RD 84
DAVIE FL 33325



000003463560--7
-11/15/00--01009--013

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or To Do Business in Florida **02/02/1990**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0206841

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	SANCHEZ, ALBERT CHRISTINA BEACH	13730 STATE RD 84, #42	DAVIE FL
SD	SANCHEZ, MARIA SHANNON BEACH	13730 STATE RD 84, #42	DAVIE FL
A	PADRON, LUIS	13730 STATE RD. 84	DAVIE FL 33325
VP	HERNANDEZ, DANIEL	13730 STATE RD. 84	DAVIE FL 33325
VP	POSSAS, EMILIO	13730 STATE RD. 84	DAVIE FL 33325

8. Name and Address of Current Registered Agent

SANCHEZ, ALBERT
13730 STATE RD 84
DAVIE FL 33325

9. Name and Address of New Registered Agent

Name **SHANNON BEACH**
Street Address (P.O. Box Number is Not Acceptable)
13730 SR 84 #102
Suite, Apt. #, Etc.
DAVIE, FL 33325
City

State **FL** Zip Code

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

[Handwritten signature: Shannon Beach]
REGISTERED AGENT MUST SIGN

Date **10/24/00**

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., 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:

[Handwritten signature: Shannon Beach]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/00 **954-370-0008**
Date Daytime Phone #

CR2E040 (8/00)

U.S.A. Postal Center
13730 State Road 84
Davie, FL 33325
Phone 954-370-0068 Fax 954-370-0182

gran

October 24, 2000

Florida Department of State
Division of Corporations
Annual Reinstatement Section
P.O. Box 32314-6327

To Whom It May Concern:

This letter is in reference to the application for reinstatement of the corporation. We bought the Al & Maria, Corporation on March 20, 2000. The previous owner did not inform us that he had not taken care of the reinstatement. I never received the second notice that was issued in June 2000 informing us of the dissolution/revocation.

Enclosed is a check for \$150.00. This is only our seventh month, and we are struggling to recoup some of our costs. I would appreciate any consideration you would give us in this matter, and I can assure you that this will never happen again. Thank you.

Sincerely,

Shannon E. Beach

Shannon E. Beach
Secretary