

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

⑦

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS



97-98AR

APPROVED AND FILED

1998 FEB -4 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L82640

1. Corporation Name
ALRAND INTERNATIONAL, INC.

Principal Place of Business
**% ALVARO BETANCUR.
829 E. PALMETTO PARK ROAD
BOCA RATON FL 33432**

Mailing Address
**% ALVARO BETANCUR.
829 E. PALMETTO PARK ROAD
BOCA RATON FL 33432**



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 Qualified To Do Business in Florida 06/25/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0336779	
City & State		City & State		Applied For	
Zip		Zip		Not Applicable	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input checked="" 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
PVST	BETANCUR, ALVARO	5339 BUCKHEAD CIRCLE	BOCA RATON FL 33486

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
BETANCUR, ALVARO 5339 BUCKHEAD CIRCLE BOCA RATON FL 33486		Name ALVARO BETANCUR Street Address (P.O. Box Number is Not Acceptable) 581 PHILLIPS DR. Suite, Apt. #, Etc. City BOCA RATON State FL Zip Code 33432	

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 *[Signature]* Date **10-27-97**

REGISTERED AGENT MUST SIGN

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.)

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: *[Signature]* 10-27-97 561-362 0511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/97)

ALRAND, INC.



829 E. Palmetto Park Road • Boca Raton, Florida 33432 USA
Phone (407) 362-0511 • FAX (407) 750-0535

New Area Code 561

January 10, 1998

FLORIDA DEPARTMENT OF STATE

ATTN: Mr. Trevor Brumbley

Dear Sir

I am requesting the amount due to file the Florida annual report be reduced because I never received the initial report and I was not aware the report was required to be filed. I am aware of the requirement now and will make sure I file on a timely basis in the future but for this time I request you accept the annual report with the reduced amount due.

Thank you for your time and attention.

Sincerely,

Alvaro Betancur
President