

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

182

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR -9 AM 8:00

DOCUMENT # L87714

1. Corporation Name

ALONSO SERVICES, INC.

REINSTATEMENT 03-04

Principal Place of Business

Mailing Address

6378 STURBRIDGE CT
SARASOTA FL 34238

6378 STURBRIDGE CT
SARASOTA FL 34238

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

07/18/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0205929

Applied For

Not Applicable

City & State

City & State

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
D	ALONSO, JOSE CRUZ	6378 STURBRIDGE COURT	SARASOTA FL 34238
SDPT	ALONSO, MARIA TERESA ALONSO,	6378 STURBRIDGE COURT	SARASOTA FL 34238

500028012445
02/02/04--01057--017 **150.00

500028012445
03/09/04--01035--013 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALONSO, JOSE, CRUZ
2102 HAWTHORNE ST
SARASOTA FL 34239

Name

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

Suite, Apt. #, Etc.

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. or 617.0505, F.S.

Signature of
Registered Agent

Maria J. Alonso

REGISTERED AGENT MUST SIGN

Date

12/1/2003

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:

Maria J. Alonso

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/1/2003

Daytime Phone #

(941)923-6519

CR2E040 (7/03)

284
December 2003

To whom it may concern,

As a director of Alonso Services, Inc., it is my responsibility to file this corporation in a timely manner. However, this year I didn't receive the 2003 uniform business report instead I received a notice of administrative dissolution packet. I felt it was a mistake so I called the Florida Department of State office and I was told to send a hundred fifty VBR fee for this corporation. Enclosed is a hundred fifty check and a completed application. Sorry for the inconvenience.

Sincerely,
Maria T. Alonso