

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 23 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M09252

1. Corporation Name
ALVASU, INC.

2. Principal Office Address
1550 W 29 STREET

Suite, Apt. #, etc.

City & State
HIALEAH, FL

Zip
33010

Country

3. Mailing Office Address
1550 W 29 STREET

Suite, Apt. #, etc.

City & State
HIALEAH, FL

Zip
33010

Country

REINSTATEMENT 62-04

4. Date Incorporated or Qualified
To Do Business in Florida 122184

5. FEI Number
59-2500107

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
CABALLERO, MARCIA B.

Street Address (P.O. Box Number is Not Acceptable)
2450 SW 137TH AVE.

Suite, Apt. #, Etc.
221

City
MIAMI

State
FL

Zip Code
33175

000039490050
07/23/04 01087-002 ***460.00

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

Date

REGISTERED AGENT MUST SIGN

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
PD	ALVAREZ, ANTONIO	5730 NW 118TH ST	MIAMI, FL
STD	ALVAREZ, ORESTE	1550 WEST 29 STREET	HIALEAH, FL

7/30

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/1/04

(305) 888-3970

CR2E081 (01/04)

ALVASU, INC.
1550 W 29 STREET
HIALEAH, FL 33010

May 20, 2004

Uniform Business Report
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: *Alvasu, Inc.*
Document # M09252
Corporation Reinstatement

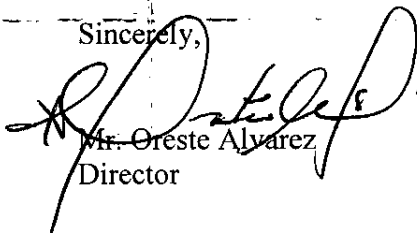
Gentlemen:

Enclosed find our Corporation Reinstatement and a \$ **450-** check for the filing fees fro the years 2002, 2003 and 2004.

Please be advised that it is the policy of our company to pay all bills upon receipt. Consequently if this has not been paid we undoubtedly had not received it. On this date, our accountant notified us that the report had not been filed and needed to be filed immediately.

We apologize for any inconvenience and thank you for your cooperation in this matter.

Sincerely,



Mr. Oreste Alvarez
Director