

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **M47891**

1. Corporation Name

**KELLER ALVAREZ ASSOCIATES, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 OCT 25 PM 1:18

Principal Place of Business

480 EAST BROAD ST.  
SUITE 400  
ATHENS GA 30601  
US

Mailing Address

480 EAST BROAD ST.  
SUITE 400  
ATHENS GA 30601  
US

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

2. New Principal Office Address, If Applicable

185 Fox Trace  
Suite, Apt. #, etc.  
Athens, GA  
City & State

3. New Mailing Office Address, If Applicable

185 Fox Trace  
Suite, Apt. #, etc.  
Athens, GA  
City & State

4. Date Incorporated or Qualified  
To Do Business In Florida

03/06/1987

5. FEI Number

59-2799230

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$3.75. A 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	4 City / State / Zip
VPS	ALVAREZ, LEONARDO	480 EAST BROAD ST, SUITE 400 185 Fox Trace	ATHENS GA 30604
S, P	ALVAREZ, LISA	480 EAST BROAD ST, SUITE 400 185 Fox Trace	ATHENS GA 30606
			700003032927
			11/02/99--01087--026
			****758.75 ****758.75

8. Name and Address of Current Registered Agent

ALVAREZ, SILVIA  
840 ALGERIA AVE  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name **Silvia Alvarez**  
Street Address (P.O. Box Number is Not Acceptable)  
**65 Washington Avenue**  
Suite, Apt. #, Etc.  
City **Miami Beach** State **FL** Zip Code **33139**

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

*Silvia Alvarez*  
REGISTERED AGENT MUST SIGN

Date **10-19-99**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Lisa Alvarez*  
Lisa Alvarez

**10-19-99** **7065489710**  
Date Daytime Phone #