PLEASE READ A	ALL INSTRUCTIONS	BEFORE COMP	PLETING THIS FORM.	
APPLICATION	FLORIDA DEPARTMEI Katherine Ha	NT OF STATE		•
FOR REINSTATEMENT	Secretary of S	State	EUED	
DOCUMENT # MO1122		harions	FILED	
1 Corporation Name		99 DEC 14 PM 1:33		
ALMA INTERNATIONAL, INC			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business Mailing Address				
301 S.E. SPANIS	_			• •
BOCA RATON, FLA 33432			REINSTATEMENT 9	
If above addresses are incorrect in any way, line through incorrect information and enter correction be New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable		correction below. Applicable 4. Date	Date Incorporated or Qualified	
2415 Jerusalen Are Suite, Apt #Jetc # 106	2415 Servsalem Ave Suite, ApU, etc. # 106		Number (EIN)	Applied For
Bellmore N.Y.	City & State Bellmore N	' Z · -	650074273 Not Applicable	
11710 Country Nassau		ssan CER	ITIFICATE OF STATUS DESIRED	Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Ittle(s) Name of Officers Address of Each Officer and/or Director City / State / Zip				
COO+ + 0 + - 0 + 4		se Post Office Box Numbers)	4 4 4 4	12013
Scretary Alfred F. Gerriets 121 ReadeSt. Apt. 10c N.Y. N.Y. 10013				
Treasure Fred S. Arlotta 451 Marine		ners Way	Copiaque N	.Y. 11726
			1000030782915 -12/22/9901077025 ****750.00 ****750.00	
			****130.00	***** (SU, UU
			() (LS
			9. Name and Address of New Registered Agent	
United Corp Sice Inc. Blumberg Exelsion Corp Sic.				
9200 S. Dadeland Blud. 4435 Old Winter garden Rd.				
Miani Pla 33156 N/A Chyplando FL 32811				SV811
10. I, being appointed the (egistered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.				
Signature of Registered Agent X Pale Pale Pale Pale Pale Pale Pale Pale				
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No 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: Judich	S. J. J. J. B. TED NAME OF SKINING OFFICER OR I	11/23/9	79 576-783- Date Daylim	4700 × 14