

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUN 28 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M91123

1. Corporation Name

Alma International, Inc.

REINSTATEMENT 01-04

700038393327
06/28/04--01075--001 **1233.75

700038393327
06/28/04--01075--002 **10.00

2. Principal Office Address

221 W. Goolsby Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Deerfield Beach

City & State

Zip
FL

Country
USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/19/98

5. FEI Number

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

Tena Hamm

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

221 W. Goolsby Blvd.

Suite, Apt. #, Etc.

City

Deerfield Beach

State

FL

Zip Code

33442

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

Tena Hamm

Date 6/23/04

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
P	<u>R. Harold Alvarez</u>	<u>221 W Goolsby Blvd</u>	<u>Deerfield Bch, FL 33442</u>
S	<u>R. Harold Alvarez</u>		
D	<u>R. Harold Alvarez</u>		
D	<u>R. Harold Alvarez</u>		
D	<u>R. Harold Alvarez</u>		

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:

R. Harold Alvarez R. HAROLD ALVAREZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/23/04
Date

954 429-3001
Daytime Phone #