

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

Page 1 of 2

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -6 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000001396

1. Corporation Name

ALUMBRANDO SENDEROS, INC.

Principal Place of Business

981 PANDORA RD SE
PALM BAY FL 32909

Mailing Address

981 PANDORA RD SE
PALM BAY FL 32909

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/25/2000

5. FEI Number

59-3655399

Applied For

Not Applicable

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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|---------------|---|--|-------------------------|
| D | APOLINARIS, MARIA T | 981 PANDORA RD SE | PALM BAY FL 32909 |
| D | NARANJO, ENID M | 156 GOLDCOAST RD | PALM BAY FL 32907 |
| D | ROSADO, LINDA M | 981 PANDORA RD SE | PALM BAY FL 32909 |
| | | | |
| | | | |
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| | | | |
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100008840301
11/06/02--01141--002 **61.25

02 YBR TO

8. Name and Address of Current Registered Agent

APOLINARIS, MARIA T
981 PANDORA RD SE
PALM BAY FL 32909

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

CR2E040 (8/02)

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 Apolinaris
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10-31-02

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:

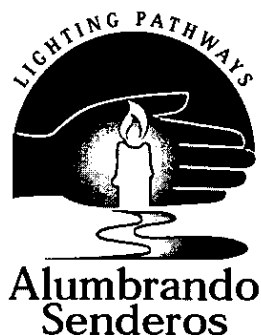
Maria Apolinaris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-31-02 321-728-2332

Byrnes



November 4, 2002

Division of Corporations
Annual Report/ Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Dear Sir/ Madam,

I apologize in advance for document # N00000001396 not being received at a timely manner but unfortunately, we did not receive any prior forms to our office. As per my conversation with your office enclosed is a check for \$61.25 for our annual report fee and application for reinstatement. Please advise if any further information is needed or call our office at 321/728-2332. Again, we apologize and we will be checking with our postmaster in order for this situation never to occur in the future.

Thank you in advance for your prompt attention in this matter.

Sincerely,

Maria Apolinaris
Maria T. Apolinaris