

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



FILED

01 DEC 17 AM 8:48

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # **N00000004972**

1. Corporation Name

TINA ALF INC

Principal Place of Business

Mailing Address

20501 NW 28 CT
 CAROL CITY FL 33056

20501 NW 28 CT
 CAROL CITY FL 33056

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

07/31/2000

5. FEI Number

650892847

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
President	Clementina Carswell	20501 NW 28 CT	Carol City FL 33056
Treasurer	VIRGINIA ABER	4320 SW 24 ST	Hollywood FL 33023
Secretary	DA Powell	2619 Mayo St	Hollywood FL 33020

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CARSWELL, CLEMENTINA
 20501 NW 28 CT
 CAROL CITY FL 33056

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

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 *Clementina Carswell*
 REGISTERED AGENT MUST SIGN

Date *11/16/01*

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: *Clementina Carswell*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *11/16/01* Daytime Phone # *305 6227110*

CR20040 (8/01)