

September 4, 2012

ALLIANCE FOR NEIGHBORS, INC.
ATTN: DR. PHILLIP CANO, DIRECTOR
P.O. BOX 160096
ALTAMONTE SPRINGS, FL 32716

SUBJECT: ALLIANCE FOR NEIGHBORS, INC.

000239249620

Document #: N08000007005

Due to your failure to respond to our letter advising you of your corporation not maintaining a registered agent and giving you 60 days notice of our intent to dissolve the above corporation, this corporation is now administratively dissolved.

A Certificate of Dissolution is enclosed.

If you have any questions concerning this matter, please call (850) 245-6900.

Brenda Tadlock

Bureau of Commercial Recording
Division of Corporations

Letter Number: 112A00022401

State of Florida



Department of State

CERTIFICATE OF ADMINISTRATIVE DISSOLUTION

The provisions of section 607.1421 or 617.1421, Florida Statutes, which requires 60 days notice of a proposed dissolution, have been met for ALLIANCE FOR NEIGHBORS, INC., a corporation organized under the laws of the State of Florida. This corporation is hereby administratively dissolved as of September 4, 2012 for failure to designate and maintain a registered agent, as required by law.

The document number of this corporation is N08000007005.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Fourth day of September, 2012



CR2EO22 (1-11)

Ken Detzner

Ken Detzner
Secretary of State



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 31, 2012

ALLIANCE FOR NEIGHBORS, INC.
ATTN: DR. PHILLIP CANO, DIRECTOR
P.O. BOX 160096
ALTAMONTE SPRINGS, FL 32716

SUBJECT: ALLIANCE FOR NEIGHBORS, INC.
Ref. Number: N08000007005

It has been brought to the attention of the Department of State, Division of Corporations, that service of process cannot be served on PHILLIP CANO MD, PHD as registered agent for ALLIANCE FOR NEIGHBORS, INC. at C/O 737 TEAL LANE, ALTAMONTE SPRINGS, FL 32701. In accordance with Florida Statutes, every business entity shall keep the registered office open from 10:00 a.m. to 12:00 noon each day except Saturdays, Sundays, and legal holidays, and shall keep one or more registered agents on whom process may be served at the office during these hours.

Consider this letter as the Department of State's notice of intent to administratively dissolve/revoke ALLIANCE FOR NEIGHBORS, INC., for failure to maintain a registered agent as required by section 617.1420, Florida Statutes. This business entity will be dissolved/revoked on or after August 9, 2012 unless an address change that complies with Florida Statutes, or indication that service can be properly served at C/O 737 TEAL LANE, ALTAMONTE SPRINGS, FL 32701 is sent to my attention at the address below.

I am enclosing a "Statement of Change of Registered Office or Registered Agent" form to be completed and returned to my attention with the appropriate filing fee. If you have questions regarding this matter, feel free to contact this office at (850) 245-6900.

Karon Beyer, Chief
Bureau of Commercial Recording
Division of Corporations

Letter No: 412A00015632

Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: _____
Name of Corporation

DOCUMENT NUMBER: _____

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Contact Person

Firm/Company

Address

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person at (_____) _____
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

- P.O. Box NOT acceptable

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

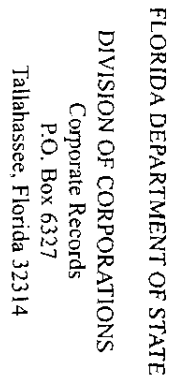
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Date _____

Typed or Printed Name

CR2E045 (03/12)



Tallahassee, Florida 32314



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