

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N15307</b> 1. Entity Name <b>ALOMA CENTER EAST, INC.</b>					
Principal Place of Business <b>7208 ALOMA AVE SUITE 100-600 WINTER PARK, FL 32792 US</b>			Mailing Address <b>936 W. HERON CIRCLE WINTER HAVEN, FL 33884 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>435 RUBY LAKE PLACE</b> Suite, Apt. #, etc.			
City & State		City & State <b>WINTER HAVEN, FL</b>			
Zip <b>33884</b>	Country <b>US</b>	4. FEI Number <b>59-2871479</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>KROMBACH, PHILIP 936 W. HERON CIRCLE WINTER HAVEN, FL 33884</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>435 RUBY LAKE PLACE</b> City <b>WINTER HAVEN</b> <b>FL</b> Zip Code <b>33884</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <b>PHILIP KROMBACH</b> <b>10/20/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$61.25</b> <b>After January 1, 2009, Fee will be \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT KROMBACH, PHILIP 936 W. HERON CIRCLE WINTER HAVEN, FL 33884	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>435 RUBY LAKE PLACE</b> <b>WINTER HAVEN, FL 33884</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KROMBACH, MARILYN 936 W. HERON CIRCLE WINTER HAVEN, FL 33884	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>435 RUBY LAKE PLACE</b> <b>WINTER HAVEN, FL 33884</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAUM, JOHN V.P.A. 213 S. SWOOPE AVE MAITLAND, FL 32751	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>200137358632</b> <b>10/28/08--01015--006 **\$61.25</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <b>PHILIP KROMBACH</b> <b>10/20/08</b> <b>863-318-9243</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>PRESIDENT</b>					

FILED  
1030 2008 OCT 28 PM 3:28  
FLORIDA  
REINSTATEMENT  
1022008 REINSTATEMENT CR2E099 (1/07)  
Applied World  
Not Applicable