

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 MAR 11 AM 7:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N96000000959**

1. Corporation Name

**NEW ALTERNATIVES, INC.**

Principal Place of Business

1680 NW 125 ST  
MIAMI FL 33181

Mailing Address

1680 NW 125 ST  
MIAMI FL 33181



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

4. Date Incorporated or Qualified  
To Do Business in Florida

02/23/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PTD	ENAHORO, VICTOR	301 S W 86 AVE	PEMBROKE PINES FL 33025
D	EJIKEME, ANENE	547 RIVERSIDE DR	NEW YORK NY 11027
VSD	ENAHORO, CHIDI	301 SW 86 AVE	PEMBROKE PINES FL 33025
			500002455905-1 -03/12/98-01109-007 ****312.50 ****312.50

**REINSTATEMENT**

97-98  
3-11-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ENAHORO, VICTOR  
1680 NW 125 ST  
MIAMI FL 33181

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

3/7/98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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)(l), 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:

*Enahoro*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/98 (305) 710-2100

Date

Daytime Phone #

CR2E040 (8/97)