H03000330431

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC -5 PM 2:39

DOCUMENT # P00000002175

1. Corporation Name
Alan, Sean & Koole, Inc.

REINSTATEMENT 03

2. Principal Office Address	3. Mailing Office Address
461 NE 27th St	461 NE 27th St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pompano Beach	City & State: Pompano Beach
Zip: 33064 Country: USA	Zip: 33064 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 01/07/2006

5. FEI Number: 65-0971598 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Richard Baron, Esq.

Street Address (P.O. Box Number is Not Acceptable): 501 NE 1st Avenue

Suite, Apt. #, Etc.: Suite 201

City: Miami State: FL Zip Code: 33132

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11/20/03--01082--009 **75.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [signature] Date: 10/08/03
REGISTERED AGENT MUST SIGN

CR2E001 (10/02)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
~~P~~	~~Alan McKenna~~	~~461 NE 27th St~~	~~Pompano Bch 33064 FL~~
SP	Koole Lyras	461 NE 27th St	Pompano Bch 33064 FL

10. 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: [signature] ~~Alan McKenna~~ ~~2003/10/08~~ ~~954 783 3400~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Koole Lyras KOULE LYRAS 2003/10/08 954 783 3400

H03000330431 2

Florida Department of State
Division of Corporations
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(((H03000330431 3)))

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CORPORATION REINSTATEMENT

ALAN, SEAN & KOULE, INC.

Certificate of Status	1
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