
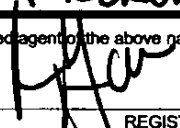
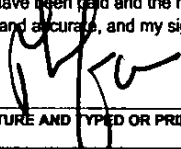


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	<b>FILED</b> 06 APR 24 AM 8:28  TALLAHASSEE, FLORIDA  <b>REINSTATEMENT 04-06</b> CR2E081 (12/05)	
<b>DOCUMENT #</b> P00000012080				
<b>1. Corporation Name</b> ALA Corporation				
<b>2. Principal Office Address</b> 7111 MILITARY TRAIL Suite, Apt. #, etc. SUITE 220 City & State PALM BEACH GARDENS Zip 33410 Country USA		<b>3. Mailing Office Address</b> Same Suite, Apt. #, etc. Same City & State Same Zip Country		
<b>4. Date Incorporated or Qualified To Do Business in Florida</b>		<b>5. FEI Number</b> 22-3705408 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable		
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status		
<b>7. Name and Address of Current Registered Agent</b>				
Name Philip A. Gallo				
Street Address (P.O. Box Number is Not Acceptable) 7111 MILITARY TRAIL				
Suite, Apt. #, Etc. #220				
City PALM BEACH GARDENS		State FL	Zip Code 33410	
<b>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.</b>				
Signature of Registered Agent 		Date 4-21-06		
REGISTERED AGENT MUST SIGN				
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>				
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	
P/T	Philip A. Gallo	SAME	SAME	
V/S	Terri-Ann Gallo	SAME	SAME	
<b>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 contained in Chapter 119, 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.</b>				
<b>SIGNATURE:</b> 		Date 4-21-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #	