

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 OCT 17 PM 4:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT# P00000027140

1. Corporation Name

ALIDARIA, INC.

Principal Place of Business

213 SAN JUAN CIRCLE
MELBOURNE FL 32935

Mailing Address

2315 ROYAL POINCIANA BOULEVARD
MELBOURNE FL 32935

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/10/2000

5. FEI Number

☒ Applied For
☐ Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	CHAPMAN, RICHARD A JR.	2315 ROYAL POINCIANA BLVD.	MELBOURNE FL 32935
D	TEEM, NICHOLAS A	213 SAN JUAN CIRCLE	MELBOURNE FL 32935

200004661822--7
-11/01/01--01009--015
****150.00 ****150.00

8. Name and Address of Current Registered Agent

TEEM, NICHOLAS A
213 SAN JUAN CIRCLE
MELBOURNE FL 32935

9. Name and Address of New Registered Agent

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10-14-2001

11. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-14-2001

Date

Daytime Phone #

CR2E040 (8/01)

Alidaria
Web Design, Internet Magic.

213 San Juan Circle
Melbourne, FL 32935

October 14, 2001

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302

Dear Sir or Madam:

We were instructed by a member of Reinstatement Section of the Division of Corporations at (850) 245-6059, to enclose the reinstatement form and a check for \$150.00 to reinstate the Corporation Alidaria, Inc. The amount of \$150.00 is the amount enclosed because of Alidaria, Inc. not receiving any prior notice of Dissolution or Revocation; we were instructed to ask for a waiver of any late fees.

Sincerely,



Nicholas Teem
President