

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # P00000034640

01 NOV 21 PM 12:17

1. Corporation Name

ALITE REALTY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

15327 NW 60 AVE STE 245
MIAMI LAKES FL 33014

Mailing Address

15327 NW 60 AVE STE 245
MIAMI LAKES FL 33014



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

2. New Principal Office Address, If Applicable

5881 NW 151 STREET

Suite, Apt. #, etc.

Suite 112

City & State

Miami Lakes, FL

Zip

33014 USA

3. New Mailing Office Address, If Applicable

5881 NW 151 STREET

Suite, Apt. #, etc.

Suite 112

City & State

Miami Lakes, FL

Zip

33014 USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/03/2000

5. FEI Number

105-1001043

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	PRADO, ALICIA	15327 NW 60 AVE STE 245	MIAMI LAKES FL 33014

200004705692--2

-12/05/01--01033--012

***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PRADO, ALICIA
15327 NW 60 AVE STE 245
MIAMI LAKES FL 33014

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

Date

10/11/01

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/11/01 (305) 827-0031

CR2E040 (8/01)