

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAY 10 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P00000038296

1. Corporation Name

ALSTEF, INC.
9108 SW, 21st STREET # D
BOCA RATON, FL. 33428

600005600526--1

-05/23/02--01071--002

****308.75 ****308.75

2. Principal Office Address

3. Mailing Office Address

9108 SW, 21 STREET

9108 SW, 21 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt. # D

D

City & State

City & State

BOCA RATON, FL. 33428

BOCA RATON, FL.

Zip

Country

Zip

Country

33428

U.S.A.

33428

4. Date Incorporated or Qualified
To Do Business in Florida

04-17-2000

5. FEI Number

65-0999991

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

BRANISLAV MOJSILOVIC

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

9108 SW, 21st STREET

Suite, Apt. #, Etc.

Apt. # D

City

BOCA RATON

State

FL

Zip Code

33428

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

Date

05.06.02

REGISTERED AGENT MUST SIGN

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	BRANISLAV MOJSILOVIC	9108 SW 21 ST. # D	BOCA RATON, FL. 33428

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

05.06.02

Daytime Phone #