

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 23 PM 3:42

TALLAHASSEE, FLORIDA

DOCUMENT # P00000051277

1. Corporation Name

ALMACHEN LOS PRIMOS, INC

600030903336
03/23/04--01026--024 **1208.75

2. Principal Office Address
720 CENTRAL AVENUE

3. Mailing Office Address
720 CENTRAL AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CLEWISTON, FLORIDA

City & State
CLEWISTON, FLORIDA

Zip Country
33440 UNITED STATES

Zip Country
33440 UNITED STATES

4. Date Incorporated or Qualified
To Do Business in Florida 05/24/2000

5. FIM Number

☒ 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
SALEH, ALI JAVIER

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

Suite, Apt. #, Etc.

City
CLEWISTON

State Zip Code
FL 33440

REINSTATEMENT

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 Ali J. Saleh
REGISTERED AGENT MUST SIGN

Date 03/11/04

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
D.	SALEH, ALI JAVIER	720 CENTRAL AVENUE	CLEWISTON, FL, 33440

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: Ali J. Saleh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/11/04

Date

863-4836700
863-6770676

Daytime Phone

CR2E081 (01/04)

NEW MAIL ADDRESS

Please the new mailing address is:

211 W Ventura Ave Clewiston, Fl, 33440

Please the certificate should be mailed to Saleh, Ali Javier in this new address.

Thank you! 