

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~CORPORATION~~
~~REINSTATEMENT~~



2001
JAN
FLORIDA DEPARTMENT OF STATE
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

192
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 26 PM 3:13

DOCUMENT # P00000055371

1. Corporation Name
Alterman Group, Inc.

2. Principal Office Address
350 Spyglass Way
Suite, Apt. #, etc.

3. Mailing Office Address
350 Spyglass Way
Suite, Apt. #, etc.

City & State
Jupiter, FL

City & State
Jupiter, FL

Zip Country
33477 USA

Zip Country
33477 USA

4. Date Incorporated or Qualified
To Do Business in Florida 06/07/00

5. FEI 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
Eric D. Alterman

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

Suite, Apt. #, Etc.

City
Jupiter,

State Zip Code
FL 33477

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 _____
REGISTERED AGENT MUST SIGN

Date 10-23-01

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
DPS	Eric D. Alterman	350 Spyglass Way	Jupiter, FL 33477
			SP

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: _____
Eric D. Alterman, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-01 (561) 573-8926
Date Daytime Phone #

CFR2081 (9/00)

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ALTERMAN GROUP, INC.
350 Spyglass Way
Jupiter, Florida 33477

Department of State
Division of Corporations
Attn: Corporation Reinstatement
P.O. Box 6327
Tallahassee, Florida 32314

RE: Alterman Group, Inc. (the "Corporation")
Document No.: P00000055371

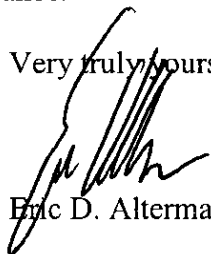
Dear Sir or Madam:

Please accept and file the enclosed executed Corporation Reinstatement form for the above-referenced Corporation. Also, enclosed is my check for \$150.00, payable to the Department of State for the 2001 Uniform Business Report filing fee. A 2001 Uniform Business Report was not received at the Corporation's principal/mailling address; therefore, please waive the reinstatement fee and costs.

Should you have any questions regarding the enclosed, please do not hesitate to contact me at the following number (561) 573-8926.

Thank you in advance for your assistance.

Very truly yours,


Eric D. Alterman, President