

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

02 AUG 26 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P000000057941

1. Corporation Name

ALCE ART, INC.

300007391823--4
-08/28/02--01045--017
****300.00 ****300.00

2. Principal Office Address

1487 BLUE JAY CIRCLE

3. Mailing Office Address

1487 BLUE JAY CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WESTON, FLORIDA

City & State

WESTON, FLORIDA

Zip

33327

Country

USA

Zip

33327

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6-8-2000

5. FEI Number

65-1021982

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

CLARA ALBARRACIN CERON

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

1487 BLUE JAY CIRCLE

Suite, Apt. #, Etc.

City

WESTON

State
FL

Zip Code

33327

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

Clara Albarracin Ceron

Date 7/27/02

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.S.D.	CLARA ALBARRACIN CERON	1487 BLUE JAY CIRCLE	WESTON, FLORIDA 33327

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

Clara Albarracin Ceron
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/27/02 (954) 389-545

Daytime Phone #

7/27/02

ALCE ART, INC
1487 Blue Jay Circle
Weston, Florida 33327

PHONE (954) 389-5045

July 27, 2002

Florida Department of State
Division of Corporations
Reinstatement Section
409 East Gaines Street
Tallahassee, Florida 32399

In RE: 2001-2002 Corporate Reinstatements
Uniform Business Report Document P00000057941

I met with my accountant today and he found that I had not renewed my Uniform Business Report FOR THE YEAR 2001 and 2002. I never received the annual report form application. Please find enclosed a check for \$ 300.00 and my reinstatement form.

Due to the circumstances above, I hereby request that you abate any penalties you may impose.

Sincerely-Yours;



Clara Albarracin Ceron
Company President

RECEIVED BY THE FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
JUL 31 2002