

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000101082

1. Corporation Name

Alaman Inc.

WI-3772

2. Principal Office Address - No P.O. Box #

520 E. Cervantes St.

Suite, Apt. #, etc.

3. Mailing Office Address

520 E. Cervantes St.

Suite, Apt. #, etc.

City & State

Pensacola, FL.

City & State

Pensacola, FL.

Zip

32501

Country

US

Zip

32501

Country

US

7. Name and Address of Current Registered Agent

Name

Roy J. Cooley

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

520 E Cervantes St.

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32501

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

1/19/2010

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
<u>P/T/D</u>	<u>Roy J. Cooley</u>	<u>5752 Country Square Dr.</u>	<u>M:Hon, FL 32570</u>
<u>VD</u>	<u>Bobby Cooley</u>	<u>2785 Bell Christiane Circle</u>	<u>Pensacola, FL 32503</u>

10. E-mail Address: roycooley@bellsouth.net

(To be used for future annual report notification)

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. I further certify, 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] Roy J. Cooley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/19/2010 850-432-7068

Daytime Phone #

FILED

10 FEB -1 AM 8:17

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

100166945481  
02/01/10--01045--007 \*\*150.00

100166945481  
01/22/10--01029--019 \*\*158.75

CR2E081 (11/09)

09-10

4. Date Incorporated or Qualified  
To Do Business in Florida

10/26/2000

5. FEI Number

59-36-79408

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.