

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 13 AM 10:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000101082

1. Corporation Name

ALAMAN, INC.

Principal Place of Business

369 MIRABELLE DRIVE  
PENSACOLA FL 32514

Mailing Address

369 MIRABELLE DRIVE  
PENSACOLA FL 32514



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

03

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.  
520 E. Cervantes St.

City & State  
Pensacola, Fl.

Zip Country  
32501 USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.  
520 E. Cervantes St.

City & State  
Pensacola, Fl.

Zip Country  
32501 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/26/2000

5. FEI Number

59-3679408

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
<del>D</del>	<del>COOLEY, BOBBY A</del>	<del>2785 BELLE CHRISTIANE CIRCLE</del>	<del>PENSACOLA FL 32503</del>
<del>D</del>	<del>COOLEY, ROY J</del>	<del>369 MIRABELLE DRIVE</del>	<del>PENSACOLA FL 32514</del>
P, T, D	Cooley, Roy J.	369 Mirabelle Dr.	Pensacola, Fl. 32514
V, D	Cooley, Bobby	2785 Belle Christiane Circle	Pensacola, Fl. 32503

8. Name and Address of Current Registered Agent

COOLEY, ROY J  
369 MIRABELLE DRIVE  
PENSACOLA FL 32514

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

300023751913

10/13/03--01070--022 \*\*150.00

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 10/9/03

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 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]* President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/03

Date

850-432-7060

Daytime Phone #

CR2E040 (7/03)

202



## **COFFEE CUP RESTAURANT**

A Pensacola Tradition Since 1945

October 9, 2003

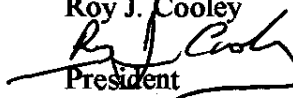
To Department of State :

This is to inform the department that Alaman, Inc. did not receive either the original uniform business report or the second notice follow up. I have changed the addresses to help ensure the reports are received...I am now fully aware of my responsibility to file this report annually on a timely basis and will ensure timely filing.

I am submitting an application for reinstatement along with the \$150.00 filing fee. Hopefully the penalty will be waived with this letter and this submission will be accepted as is.

If there are any questions or other information needed please feel free to contact me.

Roy J. Cooley



President  
Alaman, Inc.