

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 DEC 31 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000110291

1. Corporation Name

ALF HOLDINGS, INC.

2. Principal Office Address

P.O. Box 814833

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood, Florida

City & State

Zip

33081-4833

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/29/2000

5. FEI Number

65-1068065

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

Norman J. Ginsparg

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

11190 Biscayne Blvd.

Suite, Apt. #, Etc.

North Tower

City

No. Miami

State
FL

Zip Code

33181

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 12/13/02

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	Esformes, Morris I	3737 W. Arthur Avenue	Lincolnwood, IL 60712
V/S	Esformes, Philip	3737 W. Arthur Avenue	Lincolnwood, IL 60712

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Philip Esformes

12-13-02

305-298-2665

Date

Daytime Phone #

CR02001 (9/01)

21 1/3