

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PS 122

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 JUN 22 AM 11:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

**1. Corporation Name**

Alvater Corp. P00000111183

**2. Principal Office Address**

201 CRANDON BLVD

**3. Mailing Office Address**

201 CRANDON BLVD

Suite, Apt. #, etc.

APT 309

Suite, Apt. #, etc.

APT 309

City & State

KEY BISCAVNE, FL

City & State

KEY BISCAVNE, FL

Zip

33149

Country

USA

Zip

33149

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

12/04/2000

**5. FEI Number**

651058499

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

03-05

**7. Name and Address of Current Registered Agent**

Name

LIZABETH F CALVO

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

328 CRANDON BLVD

Suite, Apt. #, Etc.

SUITE 226

City

KEY BISCAVNE

State

FL

Zip Code

33149

**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

*Alvater Corp. as attorney in fact*  
REGISTERED AGENT MUST SIGN

Date 6/21/2005

**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
D	FEDERICO ALVAREZ	201 CRANDON BLVD APT 309	KEY BISCAVNE FL 33149

800056603548  
06/28/05-01013-013 \*\*\*450.00

**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:**

*Alvater Corp. as attorney in fact*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/21/2005

Date

305-672-0686

Daytime Phone #

CR2001 (01/05)

PS 2 & L

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

Re: Alvater Corp.


Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. 450 check payable to Florida Department of State

We never received the Uniform Business Report for the following year(s) that should have been mailed to us:

2003, 2004, 2005

Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By: 

Name: Norman Pasquier

Title: Assistant Secretary

Date: 6/21/05