

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 APR -5 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000019627

1. Corporation Name

ALFANO MAINTENANCE, INC.

REINSTATEMENT

03-04

100031758161
04/05/04--01003--003 **50.00

100031758161
04/05/04--01003--002 **500.00

2. Principal Office Address

4516 N. ANDREWS AVE

Suite, Apt. #, etc.

City & State

FT LAUDERDALE, FL

Zip

33309

Country

BWD

3. Mailing Office Address

4516 N. ANDREWS AVE

Suite, Apt. #, etc.

City & State

FT LAUDERDALE, FL

Zip

33309

Country

BWD

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

5. FEI Number
65-1079557

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

ALFREDO ALFANO

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

4516 N ANDREWS AVE

Suite, Apt. #, Etc.

City

FT LAUDERDALE

State

FL

Zip Code

33309

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

3/29/04

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 |
|--------|--------------------------------------|---|-------------------------|
| PVST | ALFREDO ALFANO | 4516 N ANDREWS AVE | FT LAUDERDALE, FL 33309 |
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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/29/04

Daytime Phone #

954-202-9704

CR2ED01 (07/04)

ALFANO MAINTENANCE

4516 N. ANDREWS AVE.
FT. LAUDERDALE, FL 33309

(954) 202-9704

3/26/04

Department of State
Div. of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: P01000019627
Alfano Maintenance, Inc.

To Whom It May Concern:

Reference is made to the above named. As per our telephone conversation, enclosed please find the Reinstatement Form and \$550.00 dollars to cover same. Please note we are requesting an abatement of the reinstatement fees, as we never received the form to file the annual report.

Thank you for your consideration and please advise.

y plb MAlue

Alfredo Alfano