

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


04 APR -5 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

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

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

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01000019627 1. Corporation Name ALFANO MAINTENANCE, INC.			
2. Principal Office Address 4516 N. ANDREWS AVE Suite, Apt. #, etc.		3. Mailing Office Address 4516 N. ANDREWS AVE Suite, Apt. #, etc.	
City & State FT LAUDERDALE, FL		City & State FT LAUDERDALE, FL	
Zip 33309	Country BWD	Zip 33309	Country BWD

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 65-1079557	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
\$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: X *Alfredo Alfano* Date: X 3/29/04

REGISTERED AGENT MUST SIGN

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

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: X *Alfredo Alfano* Date: X 3/29/04 Daytime Phone #: X 954-202-9704

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (07/04)

27

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 MAlfano

Alfredo Alfano