

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP 29 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P01000021491

1. Corporation Name

Alegro Systems Inc.

REINSTATEMENT

600023400286
03/29/03--01057--015 **300.00

2. Principal Office Address

701 SW 27th Ave

Suite, Apt. #, etc.

940

City & State

Miami FL

Zip

33135

Country

3. Mailing Office Address

701 SW 27th Ave

Suite, Apt. #, etc.

940

City & State

Miami FL

Zip

33135

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

10/04/2002

5. FEI Number

14-1843719

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$39.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Stuart Bodin

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

701 SW 27th Ave

Suite, Apt. #, Etc.

940

City

Miami

State

FL

Zip Code

33135

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 9/20/03

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
CEO	Stuart Bodin	701 SW 27th Ave Suite 940	Miami FL 33146

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

September 4, 2003

ALEGRO SYSTEMS INC.
701 sw 27th ave suite 940
MIAMI, FL 33135

SUBJECT: ALEGRO SYSTEMS INC.
Ref. Number: P01000021491

Upon receipt of your letter and/or check(s) totaling \$50.00, no document was found. Please send your document with any fees due:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

The total amount due to reinstate is \$300.00.

Only applications approved by the Department of State are acceptable. Please complete the enclosed approved application and return it to our office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

~~If you have any questions concerning the filing of your document, please call (850) 245-6059.~~

Justin M Shivers
Document Specialist

Letter Number: 903A00049301