

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 FEB -7 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000034346**

1. Corporation Name

ALKOM CORPORATION

900010066769
01/14/03--01028--007 **750.00



REINSTATEMENT 02-03

Principal Place of Business

~~444 BRICKELL AVE., SUITE 616~~
~~MIAMI FL 33131~~

8510 NW 72nd St.
MIAMI, FL 33166

Mailing Address

~~444 BRICKELL AVE., SUITE 616~~
~~MIAMI FL 33131~~

8510 NW 72nd St.
MIAMI FL 33166

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

8510 NW 72nd St.

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33166

Country

None

3. New Mailing Office Address, if Applicable

8510 NW 72nd St.

Suite, Apt. #, etc.

City & State

MIAMI, FL 33166

Zip

33166

Country

None

4. Date Incorporated or Qualified
To Do Business in Florida

04/02/2001

5. FEI Number

65-1095678

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	MUNOZ, EGGLE	1259 DENLOW LANE	ROYAL PALM BCH FL 33411
VD	GOODMAN, AURA	1536 LAKE BREEZE	WELLINGTON FL 33414
TD	SOTO, ERNESTO	4675 W. 18TH CT.	HIALEAH FL 33012

8. Name and Address of Current Registered Agent

MUNOZ-EGLEE ITN Services.
1259 DENLOW LANE 4923B Southern Blvd.
ROYAL PALM BCH FL West Palm Beach, FL
33415

9. Name and Address of New Registered Agent

Name **ITN Services**
Street Address (P.O. Box Number is Not Acceptable)
4923 B Southern Blvd
Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33415

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

1/4/03

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/03

CR2E040 (8/02)