

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAR 16 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000048789

1. Corporation Name
Alden Group, Inc.

2. Principal Office Address
6559 NW 128th Way

Suite, Apt. #, etc.

City & State
Parkland, FL.

Zip
33076

Country
United States

3. Mailing Office Address
6559 NW 128th Way

Suite, Apt. #, etc.

City & State
Parkland, FL.

Zip
33076

Country
United States

REINSTATEMENT 03-05

4. Date Incorporated or Qualified
To Do Business in Florida 5-10-01

5. FEI Number
651131842

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
Craig Mitchell

Street Address (P.O. Box Number is Not Acceptable)
6559 NW 128th Way

Suite, Apt. #, Etc.

City
Parkland

State
FL

Zip Code
33076

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

CRAIG MITCHELL
REGISTERED AGENT MUST SIGN

Date 3-15-05

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 |
|--------|--------------------------------------|---|---------------------|
| P | Craig Mitchell | 6559 NW 128th Way | Parkland, FL. 33076 |
| | | | |
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| | | | |
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03/25/05--01003--011 **1050.00

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:

CRAIG MITCHELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-05

Date

954-895-2595

Daytime Phone #

CR2E081 (01/05)