PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000048789

1. Corporation Name
Alden Group, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6559 NW 128th Way	6559 NW 128th Way
Suite, Apt. # etc.	Suite, Apt. # etc.
City & State: Parkland, Florida	City & State: Parkland, Florida
Zip: 33076 / Country:	Zip: 33076 / Country:

100440012451
11/21/24--01002--012 **2850.00
CR2E081 (11/18)

4. Date Incorporated or Qualified To Do Business in Florida: 5/10/2001

5. FEI Number: 65-1131842 — 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: [signature] — Date: 11-18-24
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
P	Craig Mitchell	6559 NW 128th Way	Parkland, Florida 33076

2024 NOV 21 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FL
FILED

10. **E-mail Address:** KLC colemanattorneys.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [signature] CRAIG MITCHELL — 11/18/2024 — 954 895 2595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #