

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR -9 AM 10:18

UNIVERSITY MICROFILMS
SERIALS ACQUISITION
ANN ARBOR, MI 48106-1500
TALLAHASSEE, FLORIDA

DOCUMENT # P01000056659

1. Corporation Name

ALFA CONSTRUCTION, INC

2. Principal Office Address

5137 VIOLET LN

3. Mailing Office Address

5137 VIOLET LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL

City & State

KISSIMMEE, FL

Zip

34758

Country

USA

Zip

34758

Country

USA

800032272718

04/09/04--01036--015 **900.00

4. Date Incorporated or Qualified

To Do Business in Florida 06/04/2001

5. FEI Number

59-3726481

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

CLARA I OSORIO

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

11455 S. ORANGE BLOSSOM TRL

Suite, Apt. #, Etc.

SUITE 4

City

ORLANDO

State

FL

Zip Code

32837

REINSTATEMENT *03-04*

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

Clara I Osorio

REGISTERED AGENT MUST SIGN

Date

4/5/04

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	JOSE E CACERES	5137 VIOLET LN	KISSIMMEE, FL 34758
VP	EVER CACERES	5137 VIOLET LN	KISSIMMEE, FL 34758

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:

Jose E Caceres

Jose E Caceres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/5/04 (321) 624-8122

Daytime Phone #

CR2E081 (01/04)

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232

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Daytime Phone #

CLP0001 (01/04)