

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000060630

1. Corporation Name

ALTERATION STATION, INC.

Principal Place of Business

Mailing Address

137 S. PEBBLE BEACH BLVD.
SUITE 104
SUN CITY CENTER FL 33573

137 S. PEBBLE BEACH BLVD.
SUITE 104
SUN CITY CENTER FL 33573

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/15/2001

5. FEI Number

59-3724572

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	JUNKES, CAROL A	1510 COUNCIL DRIVE	SUN CITY CENTER FL 33573

600023871936

10/17/03-01025-018 **758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JUNKES, CAROL A
1510 COUNCIL DRIVE
SUN CITY CENTER FL 33573

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Carol A. Junkes
REGISTERED AGENT MUST SIGN

Date

10/14/03

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:

Carol A. Junkes (CAROL A. JUNKES)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PRESIDENT

Date

Daytime Phone #

(813) 642-9245

FILED

03 OCT 17 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07

CR2E040 (7/03)