

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P01000065771

1. Corporation Name

ALVA CHAMBER OF COMMERCE, INC.

Principal Place of Business

24840 BURNT PINE DRIVE
SUITE 5
BONITA SPRINGS FL 34134

Mailing Address

24840 BURNT PINE DRIVE
SUITE 5
BONITA SPRINGS FL 34134

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

2. New Principal Office Address, If Applicable
4630e SE 9th Place
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
4630e SE 9th Place
Suite, Apt. #, etc.

City & State
Cape Coral, FL

City & State
Cape Coral, FL

Zip
33904

Country

Zip
33904

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
D	BELLA, DORIS J	24840 BURNT PINE DRIVE #5	BONITA SPRINGS FL 34134
			700009365947 12/05/02-01011--002 **150.00

8. Name and Address of Current Registered Agent

BELLA, DORIS J
24840 BURNT PINE DRIVE
SUITE 5
BONITA SPRINGS FL 34134

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
FL		

CR2E040 (8/02)

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 _____

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

12-03-02

Date

Daytime Phone #

**McHale,
Caruso,
Scullion & Co.**

Certified Public Accountants

*8191 College Parkway, Suite 302
Fort Myers, FL 33919
(941) 481-7400 • Fax (941) 481-7128*

November 19, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Esterò Advertising and Marketing - #P01000108762
Alva Chamber of Commerce - #P01000065771

Dear Sir/Madam:

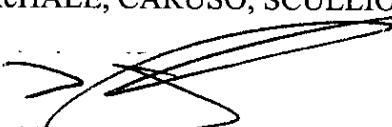
The above referenced corporations are in receipt of your Notice of Administrative Dissolution or Revocation for the above referenced document numbers. The corporation is respectfully requesting abatement of the reinstatement fees for reasons stated in the following paragraph.

The addresses on the forms unfortunately are incorrect and the corporations did not receive the original forms for filing. It has taken this long for the post office to properly find and send these forms to the corporation who should have received them. It is because of this address problem and because the original ones were not received that the corporation is respectfully requesting abatement of the reinstatement fee.

If you have any questions concerning the above, please feel free to contact us.

Sincerely,

McHALE, CARUSO, SCULLION & CO.


Todd A. Caruso
Certified Public Accountant

TAC:dlr