

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

FILED

02 DEC -6 PH 3:06

SECRETARY OF STATE
TALLAHASSEE, FL 32301

DOCUMENT # P01000083763

1. Corporation Name

G. Alfa Services Corp.

900009557259
12/17/02--U1038--005 **150.00

2002
4BR

2. Principal Office Address

10 Fairway Dr.

Suite, Apt. #, etc.

123

City & State

Deerfield Beach, FL

Zip

33441

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

8/24/01

5. FEI Number

651142238

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

Carlos Giraldo

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

9745 Arbor Oak Lane

Suite, Apt. #, Etc.

Apt. 203

City

Boca Raton

State

FL

Zip Code

33428

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

Date

12/5/02

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/D | Carlos Giraldo | 9745 Arbor Oak Ln. #203 | Boca Raton, FL 33428 |
| VP/D | Paula A. Londono | 9745 Arbor Oak Ln. #203 | Boca Raton, FL 33428 |
| S/D | Charles Giraldo | 9745 Arbor Oak Ln. #203 | Boca Raton, FL 33428 |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/5/02

Daytime Phone #

954-354-0554

CR2E081 (9/01)

20f2

DECEMBER 5, 2002

G. ALFA SERVICES CORP.
10 Fairway Dr. #123
Deerfield Beach, FL 33441

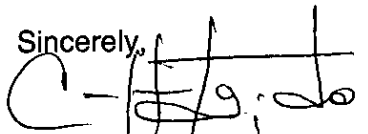
Department of State
Division of Corporations
Reinstatement Dept.

RE: Doc #P01000083763

To Whom It May Concern;

With letter as per my telephone conversation today I am writing this letter to ask that the penalty be waived for my corporation. I just found out that my corporation was inactive. I did not receive an annual report for 2002 due to our move. I thank you for your time and consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'C. Giraldo', written over a horizontal line.

Carlos Giraldo
Vice-President