

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 APR 13 AM 10:23

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01000099306

1. Corporation Name

BELKIS ALF 1 INC.

2. Principal Office Address

3711 SW 147 PLACE

Suite, Apt. #, etc.

3. Mailing Office Address

3711 SW 147 PLACE

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33185

Country

Zip

33185

Country

4. Date Incorporated or Qualified

To Do Business in Florida 10/11/2001

5. FEI Number

65-1142947

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-04

7. Name and Address of Current Registered Agent

Name

YAMILE FERNANDEZ

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

3711 SW 147 PLACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33185

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

REGISTERED AGENT MUST SIGN

Date 04/01/2004

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
PD	YAMILE FERNANDEZ	3711 SW 147 PLACE	MIAMI, FL 33185

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

04/01/2004

Date

(786) 346-3333

Daytime Phone #

CR2E081 (01/04)

Miami, FL, April 1, 2004

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
Attn: Ms. Katrina
409 East Gaines Street
Tallahassee, FL 32399

Ref: BELKIS ALF 1 INC., Document No. P01000099306

Dear Sirs,

This is to inform you that BELKIS ALF 1 INC. did not file its 2002 and 2003 Annual Report because it changed its address to 3711 SW 147 Place, Miami, FL 33185 and, therefore, it did not receive the UBR Annual Report Form for 2002 and neither for 2003. Since this company wants to remain active, we are sending the Reinstatement Form for this corporation along with the payment of \$450 corresponding to the Annual Report fees for the years 2002, 2003 and 2004, respectively, for you to please reinstate this company and please waive any penalties imposed because of this situation.

Should you have further questions, please contact us at (786) 346-3333. We apologize for any inconvenience this may have caused. Thank you very much for your cooperation.

Cordially,



YAMILE FERNANDEZ
President