

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -7 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000100810

1. Corporation Name

ALIMAN ADVERTISING, INC.

Principal Place of Business

246 Gray Street
POST OFFICE BOX 462
PALM BEACH FL 33405

Mailing Address

POST OFFICE BOX 462
PALM BEACH FL 33405

33480



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

2. New Principal Office Address, If Applicable

246 Gray Street
Suite, Apt. #, etc.
W.P.B. Florida
City & State
33405

Zip Country

3. New Mailing Office Address, If Applicable

246 Gray St
Suite, Apt. #, etc.
WPB, FL
City & State
33405 USA

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/15/2001

5. FEI Number

65-0827435

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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|--------------------------|
| D | ALIMANESTIANU, SIMONE | 246 GRAY STREET | WEST PALM BEACH FL 33405 |
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200008872632
11/07/02--01065--017 **150.00

8. Name and Address of Current Registered Agent

~~POLLOU, ASHLEY R~~
1515 N. FEDERAL HIGHWAY
SUITE 300
BOCA RATON FL 33432

9. Name and Address of New Registered Agent

Name Simone Alimaneftianu

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

246 Gray Street

Suite, Apt. #, Etc.

W.P.B., FL

City

State

FL

Zip Code

33405

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 11/1/02

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

Date

Daytime Phone #

11/1/02 561-540-5445

CR2E040 (8/02)

Monday, November 04, 2002

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

Re: Aliman Advertising, Inc.
Document #PO1000100810

Dear Jim:

Enclosed please find my annual report # check for \$150.00. I never received any prior Uniform Business Reports. Therefore, I request waiver of the reinstatement fee.

Sincerely,



Simone Alimanestianu-Desiderio
Aliman Advertising, Inc.
President