

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

05 DEC 27 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P020000019919

1. Corporation Name
**ALLIET CAPITAL
INVESTMENTS, INC**

2. Principal Office Address
1041 IVES DAIRY Rd.

3. Mailing Office Address
1041 IVES DAIRY Rd.

City & State
FL

City & State
FL

Zip Country
33179 Dade

Zip Country
33179 Dade

REINSTATEMENT 04-05

4. Date Incorporated or Qualified
To Do Business in Florida **02/21/02**

5. FEI Number **510463819**

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **LAURENCE PUPICH**
Street Address (P.O. Box Number is Not Acceptable) **1041 IVES DAIRY Rd.**
Suite, Apt. #, Etc.
City **Miami** State **FL** Zip Code **33179**

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 **[Signature]** Date _____
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	LAURENCE PUPICH	1041 IVES DAIRY Rd.	Miami FL 33179

500063313885
01/10/06--01035--007 **300.00

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]**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

K. Eskel DEC 27 2005

CR2E001 (01/05)

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Allied Capital
INVESTMENTS, INC.
1041 IVES DAIRY RD.
MIAMI FL 33179

Dec 23, 2005

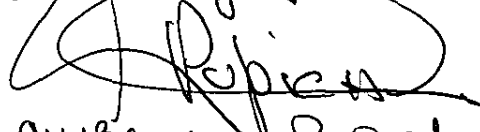
DIVISION OF CORPORATION
UNIFORM BUSINESS REPORT
P.O. BOX 1500

TALLAHASSEE, FL 32302-1500

Gentlemen:

THIS LETTER IS TO INFORM YOU THAT
WE NEVER RECEIVED THE ORIGINAL FORMS
FOR ANNUAL REPORT TO BE FILED BEFORE
MAY 1ST 2004, 2005 AND NEITHER THE
NOTE OF DISSOLUTION, BECAUSE WE WERE
TRAVELING IN & OUT OF MIAMI FOR
BUSINESS PURPOSES AND MOST OF OUR
CORRESPONDENCE WERE LOST IN THE MAIL.
WE WOULD APPRECIATE IT VERY MUCH IF
YOU ACCEPT OUR CHECK IN THE AMOUNT
OF \$300⁰⁰ AS PAYMENT FOR THE CORPORATION
Thank you

Sincerely yours


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