

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 20 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000035038

1. Corporation Name

ALTERNETIVE SOLUTIONS, INC.

Principal Place of Business

1709 KERSLEY CIRCLE
HEATHROW FL 32746
US

Mailing Address

1709 KERSLEY CIRCLE
HEATHROW FL 32746
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/01/2002

5. FEI Number

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	NEVIN, JAMES	1709 KERSLEY CIRCLE	HEATHROW FL 32746
D	ANTONUCCI, MICHAEL	19 RAPP ROAD	MILFORD NJ 08004 REMOVE

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Date

REGISTERED AGENT MUST SIGN

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:

James Nevin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Nevin

11/12/03

Date

Daytime Phone #

407-333-3032

CR2E040 (7/03)

ALTERNATIVE SOLUTIONS

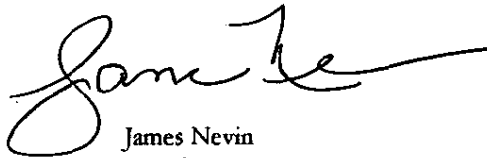
November 17, 2003

Department of State
Division of corporations
PO box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

This is to inform you, that I nor did my agent "The company Corporation" receive the UBR of any other correspondence from your agency. Alternative Solutions is a start up company and was not aware of the UBR requirement. I am enclosing a check for \$150 for filing fees. Please contact me if there is any other problem.

Sincerely,

A handwritten signature in black ink, appearing to read "James Nevin", with a long horizontal flourish extending to the right.

James Nevin
President