


891 082

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

05 MAY -5 PM 12:55
RECEIVED
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P02000042579**

1. Corporation Name
A. L. HOLDINGS GROUP, INC.

2. Principal Office Address
2569 YORK STREET

3. Mailing Office Address
2569 YORK STREET

Suite, Apt. #, etc.
SUITE #3

Suite, Apt. #, etc.
SUITE #3

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip
33054

Country
U.S.

Zip
33054

Country
U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-2777377

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name
NADEGE JOSEPH

Street Address (P.O. Box Number is Not Acceptable)
2569 YORK STREET

Suite, Apt. #, Etc.
SUITE #3

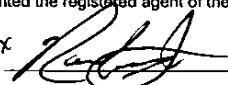
City
MIAMI

State
FL

Zip Code
33054

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 **5-03-05**

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
D,P	NADEGE JOSEPH	2569 YORK STREET, SUITE #3	MIAMI, FLORIDA 33054

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

5-03-05

Date

786-623-1172

Daytime Phone #

CR2E081 (01/05)

PS 292

To: Ms. Tina Roberts

From: Anthony Lee

Ref: Waiver Of Penalty Fee

Dear Ms. Roberts,

This letter is being written to follow up our conversation held on 05/21/05 in reference to the reinstatement of, A.L. Holdings Group Inc., as per our conversation we did not receive our Annual Report Notice, and therefore request penalty fee be waived.

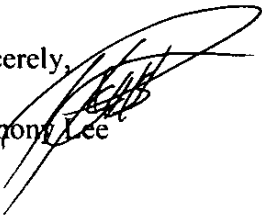
(2003 - 2005)

You will find enclosed agreed upon fee (\$450.00) payable to the Florida Department of State.

I would like to thank you for your willingness to help expedite this matter and also compliment you on your professionalism. Ms. Roberts please feel free to contact me with any questions about the reinstatement or changes. 786-623-1172

Sincerely,

Anthony Lee

A handwritten signature in black ink, appearing to read 'Anthony Lee', is written over the printed name.