

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 NOV 21 PM 4:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000060359

**1. Corporation Name**

ALASKA FAMILY, INC.

**2. Principal Office Address**

3115 SW MARTIN DOWNS B

Suite, Apt. #, etc.

City & State

PALM CITY, FL

Zip

34990

Country

MARTIN

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

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

**5. FEI Number**

01-0708555

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  
CECIL F. McLEOD

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

3115 SW MARTIN DOWNS BLVD.

Suite, Apt. #, Etc.

City  
PALM CITY

State  
FL

Zip Code  
34990

**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

*Lucinda M. McLeod*  
REGISTERED AGENT MUST SIGN

Date 10-31-03

**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	LUCINDA McLEOD	3115 SW MARTIN DOWNS BLVD.	PALM CITY, FL 34990
SEC	CECIL McLEOD	3115 SW MARTIN DOWNS BLVD.	PALM CITY, FL 34990

**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:

*Lucinda M. McLeod*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-31-03

Daytime Phone #

772-463-7713

REINSTATEMENT 02

0301190503

October 31, 2003

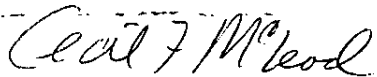
Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

RE: P0200060359  
01-0708555 - Corporate Reinstatement form

To Whom It May Concern:

Enclosed you will find a copy of my State of Florida Corporate Reinstatement form. We were completely unaware that our corporate status was inactive, until we attempted to change banks. This is due to the fact that we never received the Annual report forms that we are aware of. Most likely this is due to the address change although all other correspondence was forwarded to our new address this form was evidently not forwarded. To this point we have never received our annual report forms for the year 2003. We had no desire to avoid these forms we simply never received them. In light of this situation we would request that you accept the enclosed check in the amount of \$150.00 for the annual fee, and reinstate our corporate status as soon as possible. Please abate the penalties on our account and reinstate us as shown on the enclosed reinstatement form. Thank you in advance for your time and consideration in this matter.

Sincerely,



Cecil F. McLeod