

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 JUN -1 AM 9:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P02000087930**

**1. Corporation Name**

Alisha Corporation

**2. Principal Office Address**  
128 SW Broadway

**3. Mailing Office Address**  
128 SW Broadway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Ocala, FL

Zip

34474

Country

USA

Zip

34474

Country

USA

**4. Date Incorporated or Qualified**

To Do Business in Florida 08/12/2002

**5. FEI Number**

37-1438649

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

JIAM JAI JEPPESEN

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

128 SW BROADWAY

Suite, Apt. #, Etc.

City

Ocala

State  
FL

Zip Code

34474

**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

*Jim Jai Jepesen*

REGISTERED AGENT MUST SIGN

Date

05/25/04

**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	JIAMJAI JEPPESEN	11980 NW 86TH STREET	OCALA, FL 34482
M	EDWARD H. SUMMERS	808 TARRSON BLVD.	LADY LAKE, FL 32159
M	KANIELA GIFFORD	P.O. BOX 1538	SILVER SPRINGS, FL 34489

**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:

*Jim Jai Jepesen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/29/04

Daytime Phone #

CR2081 (01/04)

b

282

02-25-04

Department of Revenue  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

Dear Sir/Madam,

As per my conversation with "Anna" of your department on February 23, 2004 we are requesting our reinstatement fees to be waived. -As I informed Ms. Anna, the address for our restaurant was incorrect in your office. Therefore, we did not receive your forms until I had connected your office about renewal. Our restaurant Federal Id. Number is: 37-1438649. I have enclosed a check for ~~\$300.00~~ for the years 2003-2004.

\$308.75

(K6)

Thank you for your kind attention.

Sincerely,

  


Edward H. Summers  
Jiamjai Jeppensen