

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 16 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO2000104462

1. Corporation Name

ALJEROTHA & Williams Inc.

REINSTATEMENT 03-04

500027655555
01/27/04--01019--019 **758.75

2. Principal Office Address

ALJEROTHA

Suite, Apt. #, etc.

1053 AUDREY DR

City & State

DAYTONA BEACH FL

Zip

Country

32117

VOULISA

3. Mailing Office Address

EUGENE G WILLIAMS

Suite, Apt. #, etc.

2149 BARNA AVE

City & State

TITUSVILLE FL

Zip

Country

32780

BREVARD

4. Date Incorporated or Qualified
To Do Business in Florida

09-26-02

5. FEI Number

06-1650489

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

Spiegel & Utrera, PA

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

1840 Southwest 22nd Street

Suite, Apt. #, Etc.

4th Floor

City

Miami

State

FL

Zip Code

33145

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

Spiegel & Utrera, P.A.
[Signature] VICE PRESIDENT

Date

3/15/04

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
Pres.	<u>Albansa Phillips</u>	<u>1053 Audrey Drive</u>	<u>Daytona Beach FL 32117</u>
V. Pres.	<u>Eugene Williams</u>	<u>2149 Barna Avenue</u>	<u>Titusville FL 32780</u>

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: Eugene G Williams EUGENE G WILLIAMS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-04

Date

321-861-8730

Daytime Phone #

CF2E081 (10/02)