

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JAN 22 AM 8:00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000130352

1. Corporation Name

Alliance Capital Group, Inc

REINSTATEMENT 03-04

2. Principal Office Address

3491 Pall Mall Dr.

Suite, Apt. #, etc.

Ste 205

City & State

Jacksonville, FL

Zip

32257

Country

USA

3. Mailing Office Address

3491 Pall Mall Dr.

Suite, Apt. #, etc.

Ste 205

City & State

Jacksonville, FL

Zip

32257

Country

USA

800027376928

01/22/04--01007--014 **908.75

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

22-3887413

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

Everett N. Holland

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

3491 Pall Mall Dr.

Suite, Apt. #, Etc.

suite 205

City

Jacksonville

State

FL

Zip Code

32257

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

Everett N. Holland

REGISTERED AGENT MUST SIGN

Date Jan 14, 2004

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	Everett N. Holland	7820 Baymeadows Rd. E #812, Jacksonville, FL 32257	32257

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:

Everett N. Holland *Everett N. Holland*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-2004

Date

904-866-8114

Daytime Phone #

CR2E081 (10/02)