

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 16 AM 7:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO000133708

Corporation Name

A.L. D. Financial Services, Inc.

2. Principal Office Address
3862 SW Bimini Circle

Suite, Apt. #, etc.

City & State

Palm City, Florida

Zip

34990

Country

USA

3. Mailing Office Address
3862 SW Bimini Circle

Suite, Apt. #, etc.

City & State

Palm City, Florida

Zip

34990

Country

USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida 12/20/02

5. FEI Number
51-0439462

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

ARDITH DOMBROSE

Street Address (P.O. Box Number is Not Acceptable)
3862 SW BIMINI CIRCLE

Suite, Apt. #, Etc.

City

PALM CITY

State

FL

Zip Code

34990

800030508308
03/16/04--01026--029 **900.00

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

A. Dombrose

REGISTERED AGENT MUST SIGN

Date

3/10/04

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.	ARDITH DOMBROSE	3862 SW BIMINI CIRCLE	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:

A. Dombrose

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/10/04

Daytime Phone #

772-219-3625

CR2E081 (01/04)