

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 OCT 18 AM 11:18


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (1/07)

0607

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # P03000000813

1. Corporation Name

ALHAMBRA Concepts, Inc.

2. Principal Office Address - No P.O. Box #

2730 SW 3rd Ave

3. Mailing Office Address

2730 SW 3rd Ave

Suite, Apt. #, etc. #

Suite 700

Suite, Apt. #, etc.

Suite # 700

City & State

Miami, FL 33129

City & State

Miami, FL 33129

Zip

33129

Country

USA

Zip

33129

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1-03-2003

5. FEI Number

☒ 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

David Dovidio

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

1505 SW 11 Terrace

Suite, Apt. #, Etc.

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City

Miami, FL 33135

State

FL

Zip Code

33135

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

David A. D. Dovidio

REGISTERED AGENT MUST SIGN

Date 10-16-2007

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	David Dovidio	1505 SW 11 Terrace	Miami, FL 33135
VP	Alvaro Anguillo	1505 SW 11 Terrace	Miami, FL 33135
T	Shannon Medina	600 Conde Ave	Coral Gables, FL 33156

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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 contained in Chapter 119, 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

David A. D. Dovidio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-16-2007 305-491-4306

Date

Daytime Phone #

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