

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

11 MAR 10 PM 3:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000028477

1. Corporation Name

ALPACA WAREHOUSE, INC

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

170 NE 187 Street

Suite, Apt. #, etc

3. Mailing Office Address

170 NE 187 Street

Suite, Apt. #, etc

City & State

NORTH MIAMI BEACH FL

City & State

NORTH MIAMI BEACH FL

Zip

33179

Country

US

Zip

33179

Country

US

300197424253  
03/10/11--01031--003 \*\*750.00

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

03/11/2003

5. FEI Number

113683774

☐ 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  
A G CORPORATE SERVICES, LLC

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

5805 Blue Lagoon Drive

Suite, Apt. #, Etc.

SUITE 200

City

Miami

State

FL

Zip Code

33126

\$3/10

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

REGISTERED AGENT MUST SIGN

Date

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	KARINA NATTERI	170 NE 187 STREET	North Miami Beach, FL 33179
VP	DORA Checkley	170 NE 187 STREET	North Miami Beach, FL 33179

10. E-mail Address: lupe@alonso-garcia.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Karina Natter

KARINA NATTERI

03/03/11 786-664-0957

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

\$710