

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 12 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P03000044928**

1. Corporation Name

ALLIANCE SCIENTIFIC CORP.

2. Principal Office Address

12968 SW 133 COURT

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33186

Country

M

3. Mailing Office Address

12968 SW 133 COURT

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33186

Country

REINSTATEMENT 04

4. Date Incorporated or Qualified
To Do Business in Florida

4/22/03

5. FEI Number

90-0071549

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

FERNANDO MASIERO

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

12968 SW 133 COURT

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33186

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/D	- FERNANDO MASIERO	- 12968 SW 133 COURT	MIAMI, FL 33186.

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11/12/04--01057--014 **150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FERNANDO MASIERO 11/9/04

Date

Daytime Phone #

(305) 254-6881

CR2ED01 (01/04)

Eduardo E. Gadea, P.A.
Certified Public Accountant

Phone: (305) 595-0634
Fax: (305) 595-1314
E-mail: edgadeaCPA@bellsouth.net

10689 No Kendall Drive
Suite 215
Miami, FL 33176-1525

November 9, 2004

State of Florida
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

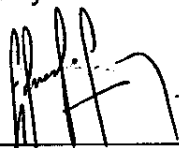
Gentlemen;

We are writing this letter on behalf of our client, Alliance Scientific Corp. The corporation was formed on April 22, 2003 and has had no business activity.

They moved their office in early January 2004 and never received the annual renewal notice from Tallahassee. We assisted the company in the preparation of its operating budget for 2005 and discovered the corporate annual renewal for 2004 had not been made.

We respectfully request your abatement of the \$600 reinstatement fee. The client has included a check for \$150 to cover the renewal fee for 2004.

Thank you for your favorable consideration of the above request.



Eduardo E. Gadea, CPA