

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 OCT -7 AM 8:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000055966

**1. Corporation Name**

Alkero Properties, Inc.

**2. Principal Office Address**

10350 W Bay Harbour Dr.

Suite, Apt. #, etc.

Suite 40

City & State

Bay Harbour FL

Zip

33154

Country

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 04-05

CR2E081 (8/05)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

5/21/03

**5. FEI Number**

57-1168486

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

MARIANA SERBANESCU

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

10350 W. BAY HARBOUR DRIVE

Suite, Apt. #, Etc.

40

City

BAY HARBOR

State

FL

Zip Code

33154

**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

X [Signature]

REGISTERED AGENT MUST SIGN

Date 10/4/05

**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	Serbanescu, Mariana	10350 W Bay Harbour Dr.	Suite #40 Bay Harbour FL 33154

**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)(l), 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:

X [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/4/05

Date

Daytime Phone #

NATP MEMBER

***MFR & Associates***

**ACCOUNTANTS & CONSULTANTS**

AICPA MEMBER

220 71ST STREET SUITE 209  
MIAMI BEACH, FL 33141

TELEPHONE: (305) 864-7706  
FACSIMILE: (305) 864-7960

October 5, 2005

FL Dept. of State  
Fl. Div. Of Corp.

RE: **ALLEGRO PROPERTIES, INC.**  
Doc # P03000055966

Dear Sir or Madam:

I am writing to you on behalf of **ALLEGRO PROPERTIES, INC.** to request a waiver of penalties associated with the reinstatement of this corporation.

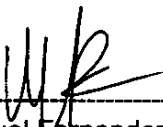
This request is based on the fact that this entity, our office or their attorney did not receive a preprinted form from the State.

Enclosed please find a copy of the form for the year 2004 & 2005, we obtained from the internet and a check for \$300.00.

The company has made a good faith effort to meet the state's filing requirements.

I thank you in advance for your help,

Sincerely,

  
\_\_\_\_\_  
Manuel Fernandez  
Accountant