

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 MAR 26 AM 11:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000103761

1. Corporation Name

The Alverson Group, Inc.

**REINSTATEMENT** 08-10

200173252242  
03/26/10--01037--007 \*\*1050.00

CR2E081 (11/09)

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

10010 Skinner Lake Drive

3. Mailing Office Address

10010 Skinner Lake Drive

Suite, Apt. #, etc.

Apt. 1217

Suite, Apt. #, etc.

Apt. 1217

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

Zip

32246

Country

U.S.

Zip

32246

Country

U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

09-18-2003

5. FEI Number

20077 0328

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

Samuel K. Alverson

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

10010 Skinner Lake Drive, Apt. 1217

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32246

☐ 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

Samuel K. Alverson

Date 3/23/2010

REGISTERED AGENT MUST SIGN

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	Samuel K. Alverson	10010 Skinner Lake Dr., Apt 1217	Jacksonville, FL 32246

JC 3/26

10. E-mail Address: SAMUEL.AIVERSON@COMCAST.NET

(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., 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.

SIGNATURE:

Samuel K. Alverson

3/23/2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #