

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 MAR -9 AM 7:02

CLERK OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000027761

1. Entity Name  
ALFACOR 101 CORP.



Principal Place of Business  
1030 NW 27TH CT.  
MIAMI, FL 33125

Mailing Address  
1030 NW 27TH CT.  
MIAMI, FL 33125

REINSTATEMENT 06-07



2. Principal Place of Business - No P.O. Box #  
11289 SW 5 ST  
Suite, Apt. #, etc.

3. Mailing Address  
11289 SW 5 ST  
Suite, Apt. #, etc.

02272007 REIN-P CR2E098 (1/07)

City & State  
Miami  
Zip  
33174  
Country

City & State  
Miami  
Zip  
33174  
Country

4. FEI Number  
20-0738631  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALFARO, RAUL  
1030 NW 27 COURT  
MIAMI, FL 33125

7. Name and Address of New Registered Agent

Name  
Alfaro, Raul  
Street Address (P.O. Box Number is Not Acceptable)  
11289 SW 5 ST  
City  
Miami FL Zip Code  
33174

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Raul Alfaro

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ALFARO, RAUL  
1030 NW 27 COURT  
MIAMI, FL 33125 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
CORDERO, LAURA  
1030 NW 27 COURT  
MIAMI, FL 33125 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Director  
Alfaro, Raul  
11289 SW 5 ST Miami, FL 33174 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
Cordero, Laura  
11289 SW 5 ST Miami FL 33174 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
600093251706  
03/16/07--01011--021 \*\*300.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Raul Alfaro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7C 3/13