

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JUL 21 PM 2:36

DOCUMENT # P 0400 0055464

1. Corporation Name

ALIRIO'S INC

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

6105 NW 39th St

Suite, Apt. #, etc.

3. Mailing Office Address

6105 NW 39th St

Suite, Apt. #, etc.

CR2E081 (12/08)

City & State

Virginia Gardens FL

City & State

Virginia Gardens FL

Zip

33166

Country

USA

Zip

33166

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

7/7/09

5. FEI Number

54-2009186

~~30-0521496~~

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

ALIRIO SILVA JR.

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

6105 NW 39th St

Suite, Apt. #, Etc.

City

Virginia Gardens

State

FL

Zip Code

33166

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

Alirio Silva Jr.

Date

7/9/09

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
Pres	ALIRIO SILVA JR.	6105 NW 39th St	Virginia Gardens FL 33166

000158765010
07/21/09--01043--014 **1050.00

Alirio Silva Jr.
7/22/09
REINSTATEMENT 07-09

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 contained in Chapter 119, 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:

Alirio Silva Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/09

Date

786 413 6195

Daytime Phone #