

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED


06 DEC 28 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT



10072006 REIN-P CR2E098 (11/05)

DOCUMENT # P04000094301					
1. Entity Name ALC INVESTMENT PROPERTIES, INC.					
Principal Place of Business 5371 PALE HORSE DR ORLANDO, FL 32818			Mailing Address P.O. BOX 681364 ORLANDO, FL 32868		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1231280	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HAMIEL, RAYMOND E 1400 N. SEMORAN BLVD., SUITE C ORLANDO, FL 32807			Name <u>SONY MICHEL</u> Street Address (P.O. Box Number is Not Acceptable) <u>2744 Numilla Drive</u> City <u>Orlando</u> FL Zip Code <u>32839</u>		
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 <u>Sony Michel</u> DATE <u>12-26-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MICHEL, AKIM 2744 NUMILLA DRIVE ORLANDO, FL 32839	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MICHEL, SONY 2744 Numilla Drive Orlando, FL 32839	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MICHEL, YONEL 7206 PINION DRIVE ORLANDO, FL 32818	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Michel, Yonel 3706 Windy meadow dr TAVARES FL 32778	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MICHEL, ESAIE 3744 NUMILLA DRIVE ORLANDO, FL 32839	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300082818313 12/28/06--01026--005 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALCINORD, OSTER 6424 RUTHIE DRIVE ORLANDO, FL 32818	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVD MICHEL, ASSONEL 2744 NUMILLA DRIVE ORLANDO, FL 32839	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MICHEL, MATUDE 7206 PINION DRIVE ORLANDO, FL 32818	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MICHEL, MATUDE 13134 Baltimore woods LN Orlando, FL 32824	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: <u>Yonel Michel</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>YONEL MICHEL</u> Date <u>10-09-06</u> Daytime Phone # <u>407-697-9580</u>		