

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000144035

1. Corporation Name

ALGOL, INC.

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

1919 VAN BUREN ST

Suite, Apt. #, etc.

#611A

City & State

HOLLYWOOD, FL

Zip

33020

Country

USA

3. Mailing Office Address

1919 VAN BUREN ST

Suite, Apt. #, etc.

#611A

City & State

HOLLYWOOD, FL

Zip

33020

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

10/18/2004

5. FEI Number

26-0327246

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

DAVID SMITH

Street Address (P.O. Box Numbers Not Acceptable)

2848 SW 22ND AVE

Suite, Apt. #, Etc.

MIAMI

State

FL 33133

☐ 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

REGISTERED AGENT MUST SIGN

Date **6-10-07**

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
PSTD	ERIC WYNN	24 BINNACLE AVENUE	WEST MILFORD, NJ 07480

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/12/2007 786-3850392

7/6/21