

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 JUL 30 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State

DIVISION OF CORPORATIONS

W09 000032678

DOCUMENT # P05000011562

1. Corporation Name

Alga, Inc.

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

517 W. Park Avenue

Suite, Apt. #, etc.

City & State

Tallahassee, FL 32301

Zip

32301

Country

3. Mailing Office Address

1400 Village Square Blvd.

Suite, Apt. #, etc.

#3-292

City & State

Tallahassee, FL

Zip

32312

Country

REINSTATEMENT

CR2E081 (12/08)

07-09

4. Date Incorporated or Qualified
To Do Business in Florida

1935

5. FEI Number
59-6144088

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

Stacey T. Kolka

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

8108 Blenheim Lane

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32312

☒ 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

Stacey T. Kolka

REGISTERED AGENT MUST SIGN

Date July 7, 2009

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.	Stacey T. Kolka	8108 Blenheim Lane	Tallahassee, FL 32312
VP	Cindy Granquist	8104 Blenheim Lane	Tallahassee, FL 32312
Sec.	Cindy Granquist	8104 Blenheim Lane	Tallahassee, FL 32312
Treas.	Stacey T. Kolka	8108 Blenheim Lane	Tallahassee, FL 32312
Dir	Judy Meggs	517 W. Park Avenue	Tallahassee, FL 32301

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:

Stacey T. Kolka

Stacey T. Kolka, President

July 7, 2009

850-668-6560

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #