

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000056620

Entity Name: ALARCON BROTHERS INC.

FILED  
Jul 30, 2008  
Secretary of State

## Current Principal Place of Business:

216 SE THORNHILL DR  
PORT ST LUCIE, FL 34984

## New Principal Place of Business:

## Current Mailing Address:

216 SE THORNHILL DR  
PORT ST LUCIE, FL 34984

## New Mailing Address:

FEI Number: 20-2709228

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALARCON, PEDRO  
216 SE THORNHILL DR  
PORT ST LUCIE, FL 34984 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: PEDRO ALARCON

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ALARCON, PEDRO  
Address: 216 SE THORNHILL DR  
City-St-Zip: PORT ST LUCIE, FL 34984

Title: VPD ( ) Delete  
Name: ALARCON, FABIO  
Address: 216 SE THORNHILL DR  
City-St-Zip: PORT ST LUCIE, FL 34984

Title: SD ( ) Delete  
Name: ALARCON, MARTHA  
Address: 216 SE THORNHILL DR  
City-St-Zip: PORT ST LUCIE, FL 34984

Title: SD ( ) Delete  
Name: ALARCON, ANA LUCIA  
Address: 216 SE THORNHILL DR  
City-St-Zip: PORT ST LUCIE, FL 34984

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PEDRO ALARCON

P

07/30/2008

Electronic Signature of Signing Officer or Director

Date