

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 07000010113

1. Corporation Name

Alcove Locksmith, Corp.

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

9127 S.W. 150 AVE

Suite, Apt. #, etc.

3. Mailing Office Address

9127 S.W. 150 AVE

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33196

Country

USA

Zip

33196

Country

USA

7. Name and Address of Current Registered Agent

Name

Correa, Luis A

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

9127 S.W. 150 AVE

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33196

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

x Luis A Correa

Date

3/10/10

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
-T-	Correa Nydia	9127 S.W. 150 AVE	Miami FL 33196
P	Luis A Correa	9127 S.W. 150 AVE	Miami, FL 33196

**REINSTATEMENT**

08-10

**RH**

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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:

Luis A. Correa x [Signature]

3/10/10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**

10 APR -7 AM 8:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500171999315

03/26/10--01037--009 \*\*308.75

**REINSTATEMENT** 08-10

500171999315

03/12/10--01003--025 \*\*750.00

CR2E081 (11/09)

4. Date Incorporated or Qualified  
To Do Business in Florida

11/22/2007

5. FEI Number

20-8270587

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☐ 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.