

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 12 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P07006023657**

1. Corporation Name

7409000048623

Alci Distributing Inc

300162351263
10/30/09--01043--006 **300.00

CR2E081 (12/08)

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

2303W MC NAB RD

Suite, Apt. #, etc.

Suite #29

City & State

Pompano Beach, FL

Zip

33069

Country

USA

3. Mailing Office Address

P.O. BOX 161216

Suite, Apt. #, etc.

City & State

Highland, FL

Zip

33014

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02-20-07

5. FEI Number

640950768

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

Alides Hernandez

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

2303W MC NAB RD

Suite, Apt. #, etc.

Suite #29

City

Pompano Beach

State

FL

Zip Code

33069

☒ 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 **10.28.09**

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
D	Alides Hernandez	2303W MC NAB RD #29	Pompano Beach FL 33069

REINSTATEMENT

RH

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:

ALCIDES HERNANDEZ

10.28.09

786.3561714

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #