

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 JUN 28 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P09000018702

1. Corporation Name

NMS, ALF, INC.

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

2109 E. Bouganvillea Ave.

Suite, Apt. #, etc

3. Mailing Office Address

2109 E. Bouganvillea Ave.

Suite, Apt. #, etc

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33612

Country

USA

Zip

33612

Country

USA

CR2B081 (11/10)

4. Date Incorporated or Qualified

To Do Business in Florida 02/26/2009

5. FEI Number

☐ 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

Nestor Marrero Sosa

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

2109 E. Bouganvillea Avenue

Suite, Apt. #, Etc.

City

Tampa,

State

FL

Zip Code

33612

800209429778
06/28/11--01024--005 **900.00

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

Date June 24, 2011

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
P	Nestor Marrero Sosa	2109 E. Bouvanvillea Ave.	Tampa, FL 33612

10. E-mail Address: GWalker@allendell.com

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

June 24, 2011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #