

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P93000019954

1. Entity Name  
ALMAG ENTERPRISES, INC.



Principal Place of Business  
736 YUCATAN COURT  
POINCIANA, FL 34758 US

Mailing Address  
736 YUCATAN COURT  
POINCIANA, FL 34758 US

2. Principal Place of Business - No P.O. Box #  
950 S. HOGANLAND BOULEVARD

3. Mailing Address  
950 S. HOGANLAND BOULEVARD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
KISSIMMEE FLORIDA

City & State  
KISSIMMEE FLORIDA

Zip  
34741

Country  
USA

Zip  
34741

Country  
USA

09252007

REINSTATEMENT

09252007 (1/07) 07

4. FEI Number  
59-3172320

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

COLLINS, ALLAN R  
736 YUCATAN CT.  
KISSIMMEE, FL 34758

## 7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*A. Collins*

ALLAN R. COLLINS

092507

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00  
After January 1, 2008, Fee will be \$900.00

## 10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME COLLINS, ALLAN R  
STREET ADDRESS 736 YUCATAN CT.  
CITY-ST-ZIP KISSIMMEE, FL 34758

TITLE V ☐ Delete  
NAME COLLINS, MARGARET J  
STREET ADDRESS 736 YUCATAN CT.  
CITY-ST-ZIP KISSIMMEE, FL 34758

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 600110058366  
CITY-ST-ZIP 09/28/07--01044--016 \*\*750.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*A. Collins*

ALLAN R. COLLINS

092507

407 847 3444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #