

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

~~CORPORATION~~
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAR 13 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P940000011029

1. Corporation Name

ALED, INC

2. Principal Office Address

632 BOCA CIEGA ISLE DR

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

ST. PETERSBURG,

City & State

FL.

Zip

33706

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2/17/1994

5. FEI Number 593241811

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

SP

7. Name and Address of Current Registered Agent

Name

ALICE M O'CONNOR

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

632 BOCA CIEGA ISLE DR.

Suite, Apt. #, Etc.

City

ST. PETERSBURG,

State

FL

Zip Code

33706

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

Alice M O'Connor

REGISTERED AGENT MUST SIGN

Date 2/17/2000

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
PRES.	ALICE M. O'CONNOR	632 BOCA CIEGA ISLE DR.	ST. PETE, FL. 33706

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 under section 119.07(3)(i), 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:

Alice M O'Connor - ALICE M. O'CONNOR

Date

2/17/2000

Daytime Phone #