

APPLICATION
FOR
REINSTATEMENT



Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATION

F L E D

97 JUL 11 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000045519

1. Corporation Name

AL-JOHN, INC.

Principal Place of Business

Mailing Address

1310 N.W. 33 ST.
POMPANO BEACH, FL 33064

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable3. New Mailing Office Address, If Applicable:

310 NW 33 St
Suite, Apt. #, etc.

1310 NW 33 St
Suite, Apt. #, etc.

DOMPAND BEACH, H

Bill & State

Zip 33064 Country U.S.

COMPANY DETACH, F
Zip 33064 Country E

4. Date Incorporated or Qualified To Do Business in Florida

6/17/94

5. FEI Number

65-0499400

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

[illegible]**6. Name and Address of Current Registered Agent**

AL BAKER, JR,
3200 E. OAKLAND PK BLVD,
FT. LAUDERDALE, FL 33308

9. Name and Address of New Registered Agent

Name **JOHN E. COOPER**
Street Address (P.O. Box Number is Not Acceptable) **2651 ROCK ISLAND RD #102**
Suite, Apt. #, Etc. **102**
City **MARGATE** State **FL** Zip Code **33063**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 1-28-77

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dale

Daytime Phone #

494-8187

346-6998