

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

lot 2

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

98 NOV 23 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000056761**

1. Corporation Name

AFFORDABLE ALTERNATIVES, INC.

Principal Place of Business

Mailing Address

145 HIGHWAY 17-92
DEBARY FL 32713

145 HIGHWAY 17-92
DEBARY FL 32713

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

07/14/1994

5. FEI Number

59-3268802

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PST	LONG, WILLIAM T	145 HIGHWAY 17-92	DEBARY FL 32713

300002702253--9
-12/03/98--01094--004
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LONG, WILLIAM T
145 HIGHWAY 17-92
DEBARY FL 32713

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-16-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-16-98

Date

(407) 668-8880
Daytime Phone #

CR2E040 (9/98)

20f2

From:

Altman Long Funeral Home
145 South Highway 17-92
DeBary Florida 32713

To:

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee Fl. 32314-6327

To Whom It May Concern:

We received your notice of Administrative Dissolution on 11/13/98. I called your office on 11/18/98 to explain that we did not receive the first notice that was sent to us.

We have been experiencing many problems with our mail, and unfortunately your notice was amongst those involved in this problem.

I was advised to write an explanation and enclose it with a check for \$150.00. This would extend to us a one time waiver.

Thanking you in advance for your assistance in this matter.



Mary T. Kincaid

Bookkeeper