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1 of 2


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 APR 15 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000083269

1. Corporation Name
ALLEE OF MATLACHA, INC.

2. Principal Office Address 4613 PINE ISLAND ROAD		3. Mailing Office Address P.O. BOX 177	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MATLACHA, FL		City & State MATLACHA, FL	
Zip 33909	Country U S A	Zip 33909-0177	Country U S A

100054212751
05/10/05--01051--030 **1765.00

4. Date Incorporated or Qualified To Do Business in Florida 11-15-1994

5. FEI Number 58-2145514	Applied For Not Applicable
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6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
ALFRED DONALDSON, JR.

Street Address (P.O. Box Number is Not Acceptable)
4613 PINE ISLAND ROAD

Suite, Apt. #, Etc.

City
MATLACHA

State
FL

Zip Code
33909

100054212751
05/10/05--01051--031 **26.25

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: *Alfred Donaldson, Jr.* Date: 2-7-05

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
D	ALFRED DONALDSON, JR.	4613 PINE ISLAND ROAD	MATLACHA, FL 33909
D	SANDRA LEE DONALDSON	4613 PINE ISLAND ROAD	MATLACHA, FL 33909

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)(f), 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: *Alfred Donaldson, Jr.* ALFRED DONALDSON, JR. Date: 2-7-05 Daytime Phone #: 239 283-4329

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/05)

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2-7-05

State of Florida - Department of State

All the years that we operated as a corporation 1995 - 1996 1997 1998 1999 2000 2001 2002 2003 2004 2005, our mail was not received at 4613 Pine Island Road, Matlacha FL 33993 - Our Delivery is to a post office box 177 Matlacha Florida 33993. We had no idea whatsoever that this situation existed.

Hurricane Charley put us out of business but we hope to rebuild after we get our insurance money

There was no mail delivered to street address as we have no mail box on the street.

I am requesting a waiver for reinstatement fee for the reasons stated.

Thank you
Ailee of Matlacha Inc
Alysonnaedson & Pres

Mr