

2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

06 APR 11 AM 9:03

DOCUMENT # P94000091531

1. Entity Name
ALONGI & SONS, INC.



Principal Place of Business
1420 SE 14 DR
DEERFIELD BCH, FL 33441 US

Mailing Address
1420 SE 14 DR
DEERFIELD BCH, FL 33441 US

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT

05-06 DSC



03282006 REIN-P CR2E098 (11/05)

2. Principal Place of Business
336 Palm ST.
Suite, Apt. #, etc.
Apt #1

3. Mailing Address
P.O. BOX 50335
Suite, Apt. #, etc.

City & State
Hollywood, FL
Zip
33019 Country
USA

City & State
Highthouse Pt., FL
Zip
33014 Country
USA

4. FEI Number
65-0552359
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ALONGI, MICHAEL
1420 SE 14 DRIVE
500 N FEDERAL HWY STE D
DEERFIELD BCH, FL 33441
336 Palm ST
Hollywood FL
33019

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: Michael P. Alongi DP Michael P. Alongi 4-08-06
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	ALONGI, MICHAEL	
STREET ADDRESS	1420 SE 14 DR	
CITY-ST-ZIP	DEERFIELD BCH, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alongi, Michael	
STREET ADDRESS	336 Palm ST.	
CITY-ST-ZIP	Hollywood, FL 33019	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Michael P. Alongi Michael P. Alongi 4-08-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #