(1)

APPROVED
AND
FILED

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

APPLICATION FOR REINSTATEMENT

DOCUMENT # P95000001585

1 Corporation Name

ALJECA , INC.

Principal Place of Business
1150 W 79 STREET
HIALEAH FL
33014

Mailing Address

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

REINSTATEMENT '96-99

SCC 1-28-99

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
7578 NW 8 STREET		1-6-95
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number: 65-0549952 — Applied For / Not Applicable
City & State: MIAMI FL	City & State	6. CERTIFICATE OF STATUS DESIRED ☒ $6.75 Additional Fee required for a Certificate of Status
Zip: 33126 Country: USA	Zip / Country	

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
P	ALEJANDRO A. DIAZ	3120 SW 65 AVE	MIAMI FL 33155

8. Name and Address of Current Registered Agent

CARIDAD ALONSO
1150 W 79 ST
HIALEAH FL 33014

9. Name and Address of New Registered Agent

Name: ALEJANDRO A. DIAZ
Street Address (P.O. Box Number is Not Acceptable): 3120 SW 65 AVE
Suite, Apt. # or Bldg.:
City: MIAMI State: FL Zip Code: 33155

C32E040 (1/94)

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: X _____ Date: 1-21-99

REGISTERED AGENT MUST SIGN

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: X _____ 1-21-99 305-480-9929

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Prepared By: Alejandro A. Diaz 3120 SW 65 Ave. Miami, FL 33155 Tel: 305-480-9929

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Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

ALJECA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$1,200.00