

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000001585

1. Corporation Name

ALJECA, INC.

2. Principal Office Address

8801 DICKENS AVE.

Suite, Apt. #, etc.

City & State

SURFSIDE, FL.

Zip

33154

Country

USA

3. Mailing Office Address

(SAME)

Suite, Apt. #, etc.

City & State

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

01/06/99

5. FEI Number

650549958

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ALEJANDRO A. DIAZ

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

8801 DICKENS AVE.

Suite, Apt. #, Etc.

City

SURFSIDE

State

FL

Zip Code

33154

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

[Signature]

Date Oct. 31, 01

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 |
|--------|--------------------------------------|---|---------------------|
| P | ALEJANDRO A. DIAZ | 8801 DICKENS AVE. | SURFSIDE, FL. 33154 |
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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)(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

Date

Oct. 31, 01

Daytime Phone #