

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION 99AR REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000002557**

1. Corporation Name
BY-ALLU, INC.

Principal Place of Business 1714 COUNTY ROAD 1 UNIT 15 DUNEDIN FL 34683	Mailing Address 1714 COUNTY ROAD 1 UNIT 15 DUNEDIN FL 34683
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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		4. Date Incorporated or Qualified To Do Business in Florida 01/10/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3286115	
City & State		City & State		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	4. City / State / Zip
DP	COPPOLA, LUIGI	1644 POWDER RIDGE DR.	PALM HARBOR FL 34683
DVST	COPPOLA, MARY ANN	1644 POWDER RIDGE DR.	PALM HARBOR FL 34683

500003046235--7
-11/16/99--01090--008
****150.00 ****150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
COPPOLA, LUIGI 1644 POWDER RIDGE DRIVE PALM HARBOR FL 34683		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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 *Luigi Coppola* Date **Nov 5, 99**

REGISTERED AGENT MUST SIGN

11. 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: *Mary Ann Coppola* Date **Nov 5, 99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HAGAN & ASSOCIATES, INC.
ACCOUNTANTS
727-734-2992 Fax: 727-736-5100

BRAEMOOR PLAZA, SUITE 19
1714 COUNTY ROAD ONE
DUNEDIN, FLORIDA 34698-3910

November 5, 1999

Division of Corporation
Annual Report Section
P.O. Box 1500
Tallahassee, FL 32302-1500

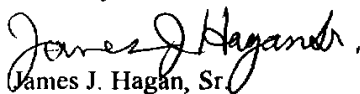
Re: By-Allu, Inc.
P95000002557

To Whom It May Concern:

This is to acknowledge receipt of your notice of Re-instatement to my client in reference to their 1999 annual report. Taxpayer did not receive any previous delinquent notices stating that they did not file their annual report. The only notice received was the Re-instatement.

Per telephone conversation by taxpayer with your office on Thursday, November 4, 1999 attached find check for \$150.00 for said annual report. Please adjust your records to reflect a current status for BY-ALLU, INC.

Sincerely,


James J. Hagan, Sr.
President

Luigi Coppola,
President, By-Allu, Inc.

Attachments