

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 12 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000043437

1. Corporation Name

ALLERTON, INC.

Principal Place of Business

294 E EAU GALLIE BLVD
INDIAN HARBOUR BEACH FL 32937

Mailing Address

~~294 E EAU GALLIE BLVD~~
~~INDIAN HARBOUR BEACH FL 32937~~

905 North Harbour
Melbourne, FL 32937



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/02/1995

5. FEI Number

59-3317154

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	ALLERTON, GEORGE	294 E EAU GALLIE BLVD	INDIAN HARBOUR BEACH FL 32937
SD	ALLERTON, KARLA	294 E EAU GALLIE BLVD	INDIAN HARBOUR BEACH FL 32937
VP	ALLERTON, GEORGE S	294 E. EAU GALLIE BLVD	INDIAN HARBOUR BEACH FL 32937
			400024579724 11/12/03--01010--005 **150.00

8. Name and Address of Current Registered Agent

ALLERTON, GEORGE
294 E EAU GALLIE BLVD
INDIAN HARBOUR BEACH FL 32937

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Glenda E. Hood
REGISTERED AGENT MUST SIGN

Date

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:

Glenda E. Hood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

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Gentlemen;

Allerton, Inc. has received a notice of administrative dissolution due to not filing a corporation annual report.

The corporation did not receive the two prior uniform business report notices and requests that the reinstatement fee be waived. I have included in this package the required filing information and the fee to file without penalty.. Please correct our mailing address to my residence;

Allerton Inc.
905 North Harbour City Blvd.
Melbourne FL 32935-7087.

During the past year I have relocated my offices from the Indian Harbour address in your files to the above address. This is likely the cause of our lack of receipt of the UBR notices . We sincerely regret the oversight and will take steps to insure that this doesn't occur again.

Sincerely
Karla P Allerton

[Handwritten signatures and notes]
Please put the fee on ~~check~~ ~~check~~
~~check~~ ~~check~~ ~~check~~ (OK for us)
Etc ~~check~~