

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000044317

1. Corporation Name

ALBY, INC.

Principal Place of Business

12320 RACETRACK ROAD  
TAMPA FL 33626

Mailing Address

12320 RACETRACK ROAD  
TAMPA FL 33626

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

2. New Principal Office Address, If Applicable

17902 Spencer Road

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

17902 Spencer Road

Suite, Apt. #, etc.

City & State

Odessa, Florida

Zip

33556

Country

USA

City & State

Odessa, Florida

Zip

33556

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

05/31/1995

5. FEI Number

59-3324689

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	ALESSI, MARK	12320 RACETRACK ROAD	TAMPA FL 33626
D	ALESSI, GENEVIEVE	12 TRUMBULL DRIVE	WALLINGFORD CT 06492

**REINSTATEMENT** 98-79 TS 2/29/99

80000027665.981--5  
-02/05/93--01118--011  
\*\*\*\*600.00 \*\*\*\*00.00

8. Name and Address of Current Registered Agent

SIVYER, NEAL A  
220 S. FRANKLIN ST.  
TAMPA FL 33602

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

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-02/05/93--01118--012

\*\*\*\*300.00 \*\*\*\*300.00

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

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)(j), 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:

MARK A. Alessi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-99

Date: (Month/Day/Year)

CR2E04C (9/98)