

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 JUN 29 AM 11:10

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P95000069625**
 1. Corporation Name **ALE INC OF CENTRAL FLORIDA**

Principal Place of Business Mailing Address
1415 CR 460 SUITE 1
LEESBURG FL 34748

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

2. New Principal Office Address, if Applicable
1415 CR 460
 Suite, Apt. #, etc. **SUITE 1**
 City & State **Leesburg FL**
 Zip **34748** Country **USA**

3. New Mailing Office Address, if Applicable
1415 CR 460
 Suite, Apt. #, etc. **SUITE 1**
 City & State **Leesburg FL**
 Zip **34748** Country **USA**

REINSTATEMENT 96-99

4. Date Incorporated or Qualified To Do Business in Florida **9/6/95**

5. FEI Number **59-3334442** 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)

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	Allen Elliott	411 RANDOLPH DRIVE	Centralia, IL 62801
S	LISA Zellin	40225 MATTHEWS ROAD	LADY LAKE, FL 32159
M	LYNN TUCKER	4425 SE 59TH ST.	Ocala, FL 34480

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8. Name and Address of Current Registered Agent

LISA Zellin
40225 Matthews Road
Lady Lake FL 32159

9. Name and Address of New Registered Agent

Name **LISA Zellin**
 Street Address (P.O. Box Number is Not Acceptable) **40225 Matthews Road**
 Suite, Apt. #, Etc.
 City **Lady Lake** State **FL** Zip Code **32159**

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **6/15/99**

11. This corporation owes 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 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 taxes 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]

LISA Zellin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-15-99

Date

352-365-9500

Daytime Prior e #

CRP2081 (12/98)