PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 SEP -9 PM 3:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000028342

1. Corporation Name
ALIJEN, INC.

Principal Place of Business	Mailing Address
2412 NORTH ESSEX AVENUE HERNANDA, FL 34442	POST OFFICE BOX 667 CRYSTAL RIVER, FL 34423

If above addresses are incorrect or changed, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: July, 1995

5. FEI Number: 59-3371479 ☐ 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	FRANK GIACOBBI	43 Linder Circle	Homosassa, FL 34446
VP	VONDA PETTIT	43 Linder Circle	Homosassa, FL 34446

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****900.00 ****900.00

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SL 9-9-98

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
FRANK GIACOBBI 43 Linder Circle Homosassa, FL 34446	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.

Signature of Registered Agent: John Giacobbi — REGISTERED AGENT MUST SIGN — Date: 9/8/98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I certify that I am an officer or director of the corporation 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: John Giacobbi — President — 9/8/98 — 352-564-5420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
F.M. GIACOBBI