

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

98 DEC -7 AM 11:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000072440

1. Corporation Name

ALLIANCE HOTEL & RESTAURANT SUPPLIES, INC.

Principal Place of Business

7790 N.W. 67TH STREET  
MIAMI FL 33166

Mailing Address

7790 N.W. 67TH STREET  
MIAMI FL 33166

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 98

4. Date Incorporated or Qualified  
To Do Business in Florida

08/30/1996

5. FEI Number

65-0691009

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
PD	OLTRA, ELISA J	7790 N.W. 67TH STREET	MIAMI FL 33166
GM	ESPEJO, JOSE	7790 N.W. 67 <sup>th</sup> STREET	MIAMI, FL 33166

800002708338--7  
-12/10/98--01008--015  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

OLTRA, ELISA J  
7790 N.W. 67TH STREET  
MIAMI FL 33166

Name

JOSE A. ESPEJO

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

7790 N.W. 67 St.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33166

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]*

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date Nov. 17, 98

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)(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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Nov. 17, 98

Daytime Phone # (305) 593-2353