

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

1997 NOV 20 PM 12:30

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P96000088738

1. Corporation Name
ALTERNATIVE OPTIONS, INC.

Principal Place of Business
 625 S.W. 59TH STREET
 MIAMI FL 33144

Mailing Address
 625 S.W. 59TH STREET
 MIAMI FL 33144



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
 390 NARRAGANSETT STNE

4. Date Incorporated or Qualified To Do Business in Florida
 10/25/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number
 695-0708447

Applied For
 Not Applicable

City & State

City & State
 Palm Bay FL

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

Zip Country

Zip Country
 32907 BREVARD

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
D PRES	TOBON, HECTOR	625 S.W. 59TH STREET	MIAMI FL 33144

500002354835--2
 -11/21/97--01120--010
 ****165.00 ****165.00

11/20/97

8. Name and Address of Current Registered Agent

ALRON ENTERPRISES, INC.
 390 NARRAGANSETT STREET N.E.
 PALM BAY FL 32907

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.

Signature of Registered Agent _____

Date _____

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)(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: *Hector Tobon Pres*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hector Tobon Pres

11/21/97
 Date

4079517626
 Daytime Phone #

CR2E040 (8/97)

2

November 12, 1997

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: ALTERNATIVE OPTIONS, INC.
Doc # P96000088738
Reinstatement

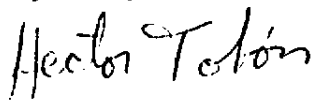
To Whom It May Concern:

Enclosed please find a check in the amount of one hundred sixty five dollars (\$165.00) for the annual report fee as instructed by your office this date.

We are requesting a waiver of the reinstatement fee based on the grounds that this office did not receive any other correspondence other than the NOTICE OF DISSOLUTION.

Thank you for your time and consideration in this matter.

Respectfully,



Hector Tobin
President