

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/25/1996

5. FEI Number

05-0708447

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

REGISTERED AGENT MUST SIGN

Date

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

11/12/97
Date

4079517626
Daytime Phone #

CR2040 (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

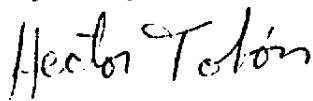
To Whom It May Concern:

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 Tobón
President