

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 31 AM 11:28

DOCUMENT # P96 000090 653

1. Corporation Name

Albert's Corner Inc

REINSTATEMENT 03

2. Principal Office Address

1801 Coral Ridge Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

1801 Coral Ridge Dr.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip
33305

Country

U.S.A.

City & State

Ft. Lauderdale, FL

Zip

33305

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

11-15-1996

5. FEI Number

650706493

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Albert Antonides

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

1801 Coral Ridge Dr.

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State
FL

Zip Code

33305-3529

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date 12/19/2003

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>Pres.</u>	<u>Albert Antonides</u>	<u>1801 Coral Ridge Dr.</u>	<u>Ft. Lauderdale, FL</u> <u>33305-3529</u>

10. 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:

Albert Antonides
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/19/2003

Daytime Phone #

Albert's Corner Inc.

1801 Coral Ridge Dr.
Ft. Lauderdale, FL, 33305
Tel: (954) 567 0930

November 7, 2003

L.S.

I hereby resubmit the papers you have send me.

During my long stay overseas one of my tenants, a Fort Lauderdale Police Officer, handled all incoming mail. He did not receive any mail from you, meaning that after the UBR the next mail I received was the notice of dissolution. My accountant tells me that you usually send warnings.

Because of my long absence and the lack of any warnings I kindly request you again to drop the penalty fees.

Hoping you will honor this request and awaiting your reply,
sincerely,



Albert Antonides, President