

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JUN -7 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000097469

1. Corporation Name

Alton House, Inc.

2. Principal Office Address

407 Lincoln Road

3. Mailing Office Address

407 Lincoln Road

Suite, Apt. #, etc.

Suite 704

Suite, Apt. #, etc.

Suite 704

City & State

Miami Beach, FL

City & State

Miami Beach, FL

Zip

33139

Country

USA

Zip

33139

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/3/96

5. FEI Number:

650744260

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

Mark J. Hollander

201.25-AR

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

11410 N. Kendall Drive

10.00-ARART

Suite, Apt. #, Etc.

Suite 207

88.75-ARSupp

City

Miami

State

FL

Zip Code

33176

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

Mark J. Hollander

REGISTERED AGENT MUST SIGN

Date

6/6/02

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
PSTD	Karen Shapiro-Fox	407 Lincoln Road, #704	Miami Beach, FL 33139

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:

Karen Fox

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-6-02 35.532-6100

Daytime Phone #

CR2E081 (9/01)

**Alton House
407 Lincoln Road, Suite 704
Miami Beach, Florida 33139
(305) 532-6100**

June 6, 2002

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Re: Reinstatement - Alton House, Inc.

Dear Sir/Madam:

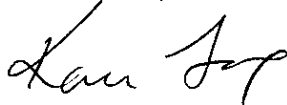
Enclosed please find a fully executed Corporation Reinstatement along with \$300 to reinstate the above-referenced corporation.

Please reinstate this corporation as soon as possible.

Thank you for your attention to the foregoing.

Sincerely,

Alton House, Inc.



Karen Fox
President

KF/jln

Enclosures

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