

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

05 DEC 23 PM 8:42

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DOCUMENT # P97000013558

1. Corporation Name

Algarve Services, Inc.

2. Principal Office Address

1850 NW 33rd Street

3. Mailing Office Address

654 NW 40th Terrace

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

City & State

Deerfield Beach, FL

Zip

33064

Country

US

Zip

33442

Country

US

REINSTATEMENT 03-05

4. Date Incorporated or Qualified  
To Do Business in Florida

10 Feb 1997

5. FEI Number  
593427732

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

Scott Mello

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

654 N.W. 40th Terrace

Suite, Apt. #, Etc.

City

Deerfield Beach

State

FL

Zip Code

33442

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

*Scott Mello* - SCOTT MELLO  
REGISTERED AGENT MUST SIGN

Date 20 December, 2005

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
Pres.	Scott Mello	654 NW 40th Terr	Deerfield Bch., FL 33442

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)(f), 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:

*Scott Mello* SCOTT MELLO, Pres  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 Dec 2005 (954) 426-1752

Date

Daytime Phone #

12/27/05