## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION** FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State DIVISION OF CORPONATIONS

DC	C)	U	IN	IE	N	T	#
----	----	---	----	----	---	---	---

P97000020486

1. Corporation Name

## A.L.W. INVESTMENTS, INC.

Principal Place of Business

Mailing Address

1510 S. MACDILL AVE **TAMPA FL 33629** 

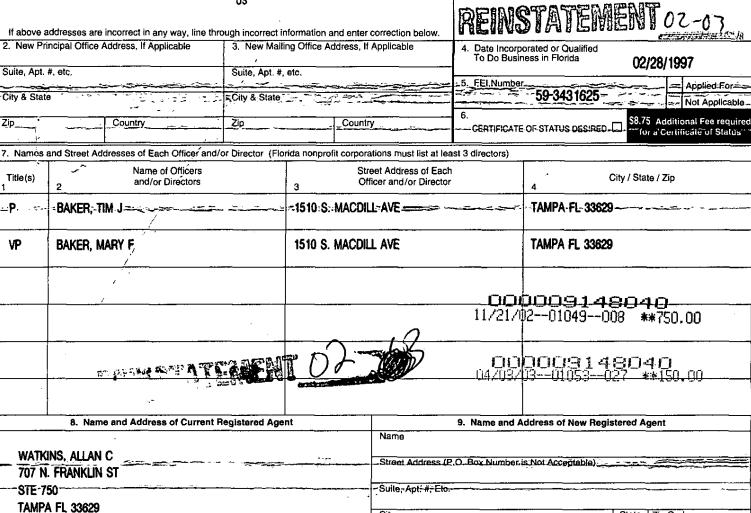
1510 S. MACDILL AVE **TAMPA FL 33629** 

US

FILED

03 MAR 25 AM 8: 11

SECRETARY OF STATE TALLAHASSEE. FLORIDA



Signature of Registered Agent

REGISTERED AGENT MUST SIGN

11. 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 filling 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.

City

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. or 617.0505, F.S.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR