

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 FEB 21 AM 11:45

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 19700007418

1. Corporation Name

Alvarez Enterprises, Inc.

2. Principal Office Address

10711 Tamiami Trail N

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34108

Country

US

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SAME

Zip

SAME

Country

SAME

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-02/27/01--01127--014
***900.00 ***900.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

8-18-97

5. FEI Number

59 3473284

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

John G. Vega

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

2662 Airport Rd South

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34112

REINSTATEMENT 2000-01

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

REGISTERED AGENT MUST SIGN

Date 2-20-01

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
P	ALFRED SCHULTZ	10711 Tamiami Trail N	Naples, FL 34108
VP	MONIKA BOKELMAN	10711 Tamiami Trail N.	Naples, FL 34108
T	MONIKA BOKELMAN	10711 Tamiami Trail N.	Naples, FL 34108
S	MONIKA BOKELMAN	10711 Tamiami Trail N.	Naples, FL 34108

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:

Monika Bokelmann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-20-01

Date

941- 592-7900

Daytime Phone #

CR2ED81 (9/00)