

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000071418**

1. Corporation Name

ALVAREZ ENTERPRISES, INC.

Principal Place of Business

10711 TAMiami TRAIL N.
NAPLES FL 34108

Mailing Address

10711 TAMiami TRAIL N.
NAPLES FL 34108



REINSTATEMENT 03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/18/1997

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PVP	BOKELMANN, MONIKA	1035 ELRADO RD	NAPLES FL 34103

000023765800
10/13/03--01097--015 **150.00

8. Name and Address of Current Registered Agent

VEGA, JOHN G
2662 AIRPORT RD. SOUTH
NAPLES FL 34112-9518

9. Name and Address of New Registered Agent

Name

John G. Vega

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

201 8th Street South

Suite, Apt. #, Etc.

Suite 207

City

Naples

State

FL

Zip Code

34102

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 of
Registered Agent

SIGNATURE

REGISTERED AGENT MUST SIGN

Date

10/9/03

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 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

10/10/03 (239) 592-7900

Date

Daytime Phone #

CR2ED40 (7/03)

Alvarez Enterprises, Inc.
d/b/a The Heidelberg Restaurant
10711 Tamiami Trail North
Naples, FL 34108

October 10, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Department of State Representative:

Please accept this application for reinstatement of Alvarez Enterprises, Inc. (EIN 59-3473284). The corporate annual report was not filed timely because the two prior uniform business report notices were never received. I have an enclosed the \$150 filing fee.

Sincerely,

Monika Bokelmann

Monika Bokelmann
President