

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 NOV -2 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000078935

1. Corporation Name

ALF DEVELOPERS, INC.

Principal Place of Business

Mailing Address

1250 E HALLANDALE BCH BLVD
STE 902
HALLANDALE FL 33009

1250 E HALLANDALE BCH BLVD
STE 902
HALLANDALE FL 33009

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
48 E. Flagler St., PH-104

Suite, Apt. #, etc.
48 E. Flagler St., PH-104

City & State
Miami, FL

City & State
Miami, FL

Zip
33131

Country
USA

Zip
33131

Country
USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

09/11/1997

5. FEI Number

65-0783794

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DVP	TINSKY, LORAIN	1250 E HALLANDALE BCH BLVD STE 9	HALLANDALE FL 33009
DPT	TINSKY, DENNIS	1250 E HALLANDALE BCH BLVD STE 9	HALLANDALE FL 33009

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*****802.50 *****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARBIN, EVAN
48 E. FLAGLER ST., PH-104
MIAMI FL 33131

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/31/00

CR2040 (9/00)

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-30-00 305371-2248
Date Daytime Phone #