

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary-of State  
DIVISION OF CORPORATIONS

**FILED**

99 FEB 11 PM 2:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P97000084376**

1. Corporation Name  
**ALED HOLDINGS OF FORT LAUDERDALE CORPORATION**

Principal Place of Business  
**1075 S.E. 17TH STREET CAUSEWAY  
FORT LAUDERDALE FL 33316**

Mailing Address  
**1435 S. MIAMI RD.  
1075 S.E. 17TH STREET CAUSEWAY  
FORT LAUDERDALE FL 33316**



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

**REINSTATEMENT** *08-990*  
*2/11/99*

2. New Principal Office Address, If Applicable  
**1435 S. MIAMI RD.**

3. New Mailing Office Address, If Applicable  
**1435 S. MIAMI RD.**

Date of Incorporation or  
To Do Business in Florida  
**09/30/1997**

Suite, Apt. #, etc.  
City & State  
Zip Country

Suite, Apt. #, etc.  
City & State  
Zip Country

5. FEI Number  
**65-0785221**

Applied For  
Not Applicable

Zip Country Zip Country  
**33316**

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)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	<del>GILBERT, GILDA</del> <b>FLORES, EDUARDO FLORES</b>	<b>1075 S.E. 17TH STREET CAUSEWAY 1435 S. MIAMI RD.</b>	<b>FORT LAUDERDALE FL 33316</b>
VD	<del>FLORES, EDUARDO FLORES, EVA</del>	<b>1435 S. MIAMI ROAD</b>	<b>FORT LAUDERDALE FL 33316</b>
SECY	<b>PINEDA, ENRICO</b>	<b>931 VILLAGE BLVD., #159</b>	<b>W. PALM BEACH, FL 33409</b>
TREAS	<b>FLORES, EDUARDO</b>	<b>1435 S. MIAMI RD.</b>	<b>FORT LAUDERDALE, FL 33316</b>

200002776592-2  
-02/16/99--01024--012  
\*\*\*\*908.75 \*\*\*\*908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

<b>FLORES, EVA</b> <b>1435 S. MIAMI ROAD</b> <b>FORT LAUDERDALE FL 33316</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City State Zip Code <b>FL</b>

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 *E. Flores*  
REGISTERED AGENT MUST SIGN

Date **Feb. 10, 1999**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No

(See other side for information on intangible tax.)

12. 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: *Eduardo I. Flores*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**EDUARDO I. FLORES**

2/3/99 (954) 524-7600  
Date Daytime Phone #

CR2E040 (9/98)