

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAR 10 PM 4:08

DOCUMENT # ~~098000035741~~

1. Corporation Name

P98000011630
ALAMEDA PACIFIC, INC.,

W10-8733

2. Principal Office Address - No P.O. Box #

7262 SAN PEDRO RD

3. Mailing Office Address

7262 SAN PEDRO RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE FL

Zip

32217

Country

USA

Zip

32217

Country

USA

200171739882
03/10/10--01025--004 **450.00

REINSTATEMENT 08-10

CR2E081 (11/09)

KS

4. Date Incorporated or Qualified
To Do Business in Florida

1998

5. FEI Number

593491278

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

PAUL K. REMSEN

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

7262 SAN PEDRO RD.

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32217

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 2-15-10

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 |
|--------|--------------------------------------|---|------------------------|
| PRES | PAUL K. REMSEN | 7262 SAN PEDRO RD | JACKSONVILLE, FL 32217 |
| VP | MARK K. REMSEN | 5047 HERTON DRIVE | JACKSONVILLE, FL 32258 |
| | | | |
| | | | |
| | | | |

10. E-mail Address: PREMSEN@COMCAST.NET

(To be used for future annual report notification)

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, I further certify, 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:

PAUL K. REMSEN, PRES

2-15-10

9047816447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #