


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

CORPORATION
REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 998000038881

1. Corporation Name
A.L.T. Enterprises, Inc.

2. Principal Office Address
P.O. Box 66002
Suite, Apt. #, etc.
City & State: St. Pete Beach, FL
Zip: 33736 Country: USA

3. Mailing Office Address
P.O. Box 66002
Suite, Apt. #, etc.
City & State: St. Pete Beach, FL
Zip: 33736 Country: USA

FILED

03 MAY -6 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2002-2003
UBR

300018312933
05/06/03--01124--013 **300.00

0203

4. Date Incorporated or Qualified To Do Business in Florida 4-28-98

5. FEI Number 59-3507178
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: Lisa A. Turner

Street Address (P.O. Box Number is Not Acceptable): 7108 Dike Palm Avenue South

Suite, Apt. #, Etc.:

City: St. Petersburg State: FL Zip Code: 33707

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

Lisa A. Turner

REGISTERED AGENT MUST SIGN

Date

4-28-03

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/S	A. Arthur Turner	7108 Dike Palm Ave. S.	St. Petersburg FL 33707
V/T	Lisa A. Turner	7108 Dike Palm Ave. S.	St. Petersburg FL 33707

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:

Lisa A. Turner *Lisa A. Turner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-28-03

Daytime Phone #

727-343-6096

CR2E081 (10/02)

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A.L.T. Enterprises, Inc.
P. O. Box 66002
St. Pete Beach, FL 33736

April 28, 2003

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

To Whom It May Concern:

Enclosed please find the reinstatement application for A. L. T. Enterprises, Inc., FEI Number 59-3507178. I have also enclosed a check for \$300 to cover the UBR filing fee for 2002 and 2003.

We did not receive any notices for filing the annual report for the year 2002. Therefore, I am requesting that the late fees be waived.

Thank you for your assistance.

Sincerely,



Lisa A. Turner
Vice President

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