

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000047029

1. Corporation Name

ALUMINA INC.

Principal Place of Business

777 WESLEY AVE
TARPON SPRINGS FL 34689

Mailing Address

777 WESLEY AVE
TARPON SPRINGS FL 34689

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated ~~05/26/1998~~ ~~05/26/1998~~ ~~05/26/1998~~
To Do Business in Florida
05/26/1998

5. FEI Number

59-3516104

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
P	BENTLEY, LEE W	748 LOQUAT DRIVE	TARPON SPRINGS FL 34689
ST	BENTLEY, CHARLENE D	748 LOQUAT DRIVE	TARPON SPRINGS FL 34689
P	Rourke, Michael	2592 Eisenhower Lane	Terre Haute, IN 47803
			200004881502--9 -02/05/02--01082--013 ****750.00 ****750.00
			REINSTATEMENT 01-02-178

8. Name and Address of Current Registered Agent

BENTLEY, CHARLEN D
777 WESLEY AVE
TARPON SPRINGS FL 34689

9. Name and Address of New Registered Agent

Name

Mike Rourke

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

777 Wesley Avenue

Suite, Apt. #, Etc.

City

Tarpon Springs

State

FL

Zip Code

34689

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

X Michael W. Rourke
REGISTERED AGENT MUST SIGN

Date

X 12-20-01

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:

X Michael W. Rourke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

X 12-20-01 X -3281
812-234

Daytime Phone #