2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 17, 2000 8:00 am
Secretary of State

08-17-2000 90001 033 ***150.00

DOCUMENT # ~~P98000014271~~

Entity Name
~~ENTERPRISES INC~~ ALIMI INC
~~MATCH HOLDS INC~~

P98000068631

(R)

Principal Place of Business
DORMAN ROAD
LAND FL 33813

Mailing Address
5124 DORMAN ROAD
LAKELAND FL 33813

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business
3129 S. FEDERAL HWY
Suite, Apt. #, etc.
ORT ST. LUCIE FL
City & State

3. Mailing Address
2032 DUNBARTON WAY
Suite, Apt. #, etc.
LAKELAND FL 33813
City & State

4. FEI Number — Applied For / Not Applicable

Zip 34952 | Country LUCIE | Zip 33813 | Country POLK

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BRANDT, JOYCE C
5124 DORMAN ROAD
LAKELAND FL 33813

7. Name and Address of New Registered Agent

Name: BRANDT, JOYCE C
Street Address (P.O. Box Number is Not Acceptable): 2032 DUNBARTON WAY
City: LAKELAND FL Zip Code: 33813

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: Joyce C. Brandt — Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE: 8-2-00

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE D ☐ Delete	TITLE PRESIDENT ☒ Change ☐ Addition
NAME BRANDT, SHAWN D	NAME BRANDT, SHAWN D
STREET ADDRESS 3145 SANDPIPER LANE	STREET ADDRESS 3000 WOODLAKE DR APT 103
CITY-ST-ZIP MULBERRY FL 33860	CITY-ST-ZIP PALM BAY FL 32905
TITLE D ☐ Delete	TITLE VICE PRESIDENT ☒ Change ☐ Addition
NAME BRANDT, JEFFREY M	NAME BRANDT, JEFFREY M
STREET ADDRESS 4336 PORTAGE DRIVE	STREET ADDRESS 2829 FOREST GREEN DRN
CITY-ST-ZIP POLK CITY FL 33868	CITY-ST-ZIP LAKELAND FL 33811
TITLE D ☐ Delete	TITLE SECRETARY ☒ Change ☐ Addition
NAME BRANDT, JOYCE C	NAME BRANDT, JOYCE C
STREET ADDRESS 5124 DORMAN ROAD	STREET ADDRESS 2032 DUNBARTON WAY
CITY-ST-ZIP LAKELAND FL 33813	CITY-ST-ZIP LAKELAND FL 33813
TITLE D ☐ Delete	TITLE ☒ Change ☐ Addition
NAME BRANDT, VALARIE D	NAME
STREET ADDRESS 3145 SANDPIPER LANE	STREET ADDRESS 3000 WOODLAKE DR APT 103
CITY-ST-ZIP MULBERRY FL 33860	CITY-ST-ZIP PALM BAY FL 32905
TITLE D ☐ Delete	TITLE ☒ Change ☐ Addition
NAME BRANDT, MADELINE C	NAME
STREET ADDRESS 4336 PORTAGE DRIVE	STREET ADDRESS 2829 FOREST GREEN DRN
CITY-ST-ZIP POLK CITY FL 33868	CITY-ST-ZIP LAKELAND FL 33811
TITLE ☐ Delete	TITLE ☐ Change ☐ Addition
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joyce C. Brandt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/00)

Attachment
DOC# P98000068631
B0104614

Alimi M Incorporated
2032 Dunbarton Way
Lakeland, Fl, 33813

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

Dear Ms. Harris:

I am requesting that the extra fee of $500 be waived for the renewal of the corporation. The renewal was not received in the mail probably because all of the addresses of the officers have been changed. I am enclosing the forms and the check for $150 in hopes that this will be acceptable. Your indulgence in this matter would be greatly appreciated .

Sincerely yours

Joyce C. Brandt

Joyce C. Brandt
Secretary

Attachment # P98000068631
30104614

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

081500

CORPORATION REINSTATEMENT

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

DOCUMENT # P98000068631

1. Corporation Name
ALIMI M INC

2. Principal Office Address
10129 S FEDERAL HWY UST
Suite, Apt. #, etc.

City & State
PORT ST. LUCIE FL
Zip 34952 Country LUCIE

3. Mailing Office Address
2032 DUNBARTON WAY
Suite, Apt. #, etc.

City & State
LAKELAND FL
Zip 33813 Country POLK

4. Date Incorporated or Qualified To Do Business in Florida 6-3-99

5. FEI Number 65-0854793 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
JOYCE BRANDT
Street Address (P.O. Box Number is Not Acceptable)
2032 DUNBARTON WAY
Suite, Apt. #, Etc.

City LAKELAND State FL Zip Code 33813

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 Joyce C. Brandt Date 8-11-00
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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
PRESIDENT	BRANDT, SHAWN D	3000 WOODLAKE DR APT 103 PALM BAY FL 32905	PALM BAY, FL, 32905
VICE PRESIDENT	BRANDT, JEFFREY M	2829 FOREST GREEN DR N	LAKELAND, FL, 33811
SECRETARY	BRANDT, JOYCE C	2032 DUNBARTON WAY	LAKELAND, FL, 33813
DIRECTOR OF BOARD	BRANDT, VALARIE D	3000 WOODLAKE DR. APT 103	PALM BAY, FL, 32905
DIRECTOR OF BOARD	BRANDT, MADELINE C	2829 FOREST GREEN DR N	LAKELAND, FL, 33811

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: Joyce C. Brandt JOYCE C. BRANDT 8-11-00 863-644-2115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #