

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000084007

1. Corporation Name

ALCO INVESTMENTS, INC

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

9720 NW 114 WAY

Suite, Apt. #, etc.

3. Mailing Office Address

9720 NW 114 WAY

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33178

Country

USA

Zip

33178

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09-29-1998

5. FEI Number

65-0876007

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

ALI, AZAD

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

9720 NW 114 WAY

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33178

☒ 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

AZAD ALI

Date 2-18-10

REGISTERED AGENT MUST SIGN

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	ALI, AZAD	9720 NW 114 WAY	MIAMI FLORIDA 33178
V	ALI, VERONICA	9720 NW 114 WAY	MIAMI FLORIDA 33178
		M. MILLIGAN EXAMINER	
		MAR - 5 2010	

REINSTATEMENT

05-10

10. E-mail Address:

(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:

AZAD ALI PRESIDENT

2-18-10

305-887-9725

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #