

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED

99 DEC 15 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000091792**

1. Corporation Name

MY FUTURE HOME A.L.F. INC.

Principal Place of Business

Mailing Address

7313 S.W. 16 TERRACE
MIAMI FL 33155

7313 S.W. 16 TERRACE
MIAMI FL 33155

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 or Qualified To Do Business in Florida

10/28/1998

5. FEI No.

65-0875378

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PSD	MESA, IDALMIS	7313 S.W. 16 TERRACE	MIAMI FL 33155

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~CANTERA, EDUARDO ESQ.
4884 N.W. SEVENTH STREET
MIAMI FL 33126~~

IDALMIS MESA
9410 SW. 47TH
MIAMI FL 33165

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State **FL** Zip Code

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

[Signature] **REQUIRED**
REGISTERED AGENT MUST SIGN

Date **11-1-99**

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:

[Signature] **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11-1-99** Daytime Phone #

09/20/99 90002 027 550.00

November 2, 1999

Florida Department of State
Katherine Harris
Secretary of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314.

Re: My Future Home A.L.F., Inc.

To Whom It May Concern:

I Idalmis Mesa sent a Check that was cash for \$550.00 (Five Hundred and Fifty Dollars) and was returned the application which was not signed, I signed the application and returned it immediately.

I received a Revocation notice, which I am signing and returning to your office.

I am replacing my current registered agent on the application, please correct accordingly.

Sincerely yours,


Idalmis Mesa.