

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000095800

1. Corporation Name

ALAMANDA CORP.

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

155 NW 20th ST.

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33127

Country

USA

3. Mailing Office Address

155 NW 20th ST.

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33127

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida **11/13/1998**

5. FEI Number

650908580

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

FABIO D. ARRECHEA

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

155 NW 20th ST.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33127

☒ 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

Date **12/22/09**

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/D	FABIO D. ARRECHEA	155 NW 20th ST.	MIAMI, FL 33127
T	DOMINGO ARRECHEA	155 NW 20th ST.	MIAMI, FL 33127

REINSTATEMENT

RA

10. E-mail Address: **ALAMANDACORP@YAHOO.COM**

(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:

FABIO D. ARRECHEA

12/22/09

786-547-5734

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

09 DEC 28 AM 9:05

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

300163980153
12/28/09--01034--026 **150.00

CR2E081 (11/09)