

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 JAN 25 AM 8:47

DOCUMENT # P99000027539

1. Corporation Name

Allan Electronics Corporation of Central FL

REINSTATEMENT 08-11
JC1/26

000190838490

01/26/11--01005--020 **750.00

CR2E081 (11/10)

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

5516 Rio Vista Dr.

3. Mailing Office Address

5516 Rio Vista Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

Clearwater, FL

Zip

33760

Country

USA

Zip

33760

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/22/1999

5. FEI Number

593-56-5250

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

Denise Lang

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

8645 Torchwood Dr.

Suite, Apt. #, Etc.

City

Trinity

State

FL

Zip Code

34655

000190838490

01/10/11 01061 004 \$450.00

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 1/25/11

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
D	Denise Lang	8645 Torchwood Dr.	Trinity, FL 34655
D	Tracy Leffler	2081 N. Pointe Alexis Dr.	Tarpon Springs, FL 34689
M	Henry Nelson	14034 Sullivan St.	Spring Hill, FL 34609
			33789

10. E-mail Address: INFO@ALLANELECTRONICS.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/25/11

Daytime Phone #

813-951-2634