

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -1 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000043313

1. Corporation Name

ALBERT ALONSO ASSOCIATES, INC.

Principal Place of Business

1121 N. 40 AVENUE
HOLLYWOOD FL 33021

Mailing Address

1121 N. 40 AVENUE
HOLLYWOOD FL 33021

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

05/10/1999

5. FEI Number

65-0922887

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	ALONSO, ALBERT	1121 N. 40 AVENUE	HOLLYWOOD FL 33021

4000008729414
10/31/02--01067--008 **150.00

8. Name and Address of Current Registered Agent

MCGONIGLE, JAMES T
6221 BANYAN TERRACE
PLANTATION FL 33317

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10-22-002

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-579-7526

10-22-002

CR20040 (8/02)



James T. McGonigle, PA
7027 W. Broward Blvd. PMB #280
Plantation, FL 33317

954-583-6666

Fax 954-584-5313

October 22, 2002

Florida Department of State
Division of Corporations
P O Box 5327
Tallahassee, FL 32314

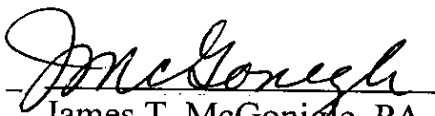
Re: Albert Alonso Associates, Inc.
ID 65-0922887

Sir:

The above referenced corporation never received notification for renewal for the year 2002. We understand that several corporations were not notified of the renewal for these years. Therefore, enclosed is our check for \$150.00 and ask that you reinstate the corporation.

We are also enclosing a UBR renewal form.

Sincerely,


James T. McGonigle, PA
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