

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ALFIE PROPERTIES, INC

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JAN 11 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000070896

1. Corporation Name

ALFIE PROPERTIES, INC

Principal Place of Business

21300 SAN SIMEON WAY
UNIT 104
N MIAMI BEACH, FL 33179

Mailing Address

21300 SAN SIMEON WAY
UNIT 104
N MIAMI BEACH, FL 33179

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
6589 PONDAPPLE ROAD

Suite, Apt. #, etc.

City & State
BOCA RATON, FLORIDA

Zip
33433

Country
USA

3. New Mailing Office Address, If Applicable
6589 PONDAPPLE ROAD

Suite, Apt. #, etc.

City & State
BOCA RATON, FLORIDA

Zip
33433

Country

REINSTATEMENT

2000

4. Date Incorporated or Qualified
To Do Business in Florida

8/6/99

5. FEI Number

65-0947107

☒ 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	NORA FRANCHI NORA LANDMAN	21300 SAN SIMEON WAY UNIT 104	N MIAMI BEACH, FL 33179

000003582496
-01/26/01--01143--017
****750.00 ****750.00

LS

8. Name and Address of Current Registered Agent

NORA FRANCHI
21300 SAN SIMEON WAY, UNIT 104
N MIAMI BEACH, FLORIDA 33179

9. Name and Address of New Registered Agent

Name
NORA ~~FRANCHI~~ LANDMAN
Street Address (P.O. Box Number is Not Acceptable)
6589 PONDAPPLE ROAD
Suite, Apt. #, Etc.
City
BOCA RATON
State
FL
Zip Code
33433

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]

REGISTERED AGENT MUST SIGN

Date

12-29-00

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 name 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

[Signature] NORA LANDMAN

Date

12-29-00

Daytime Phone #

305.335.7875