

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

06 JUL -5 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION or
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 99000072523 Sheet 10 Sheet 20 Sheet 30

1. Corporation Name

Russ Allie Inc

2. Principal Office Address

2109 Chinaberry Circle S.E.

3. Mailing Office Address

2109 Chinaberry Circle S.E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Bay Florida

City & State

Zip

32909

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

8/09/1999

5. FEI Number

650939027

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

George R. Low

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

2151 NW 107 Ave.

Suite, Apt. #, Etc.

SUNRISE

City

SUNRISE

State

FL

Zip Code

33322

FAY TO: 321 727-9899

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

George R. Low

Date 6-26-2006

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
<u>Pres.</u>	<u>Russ Allie (D)</u>	<u>2109 Chinaberry C. SE</u>	<u>Palm Bay FL 32909</u>
<u>Sec</u>	<u>Rich mfg. Allie (D)</u>	<u>932 Beacon St.</u>	<u>Palm Bay FL 32909</u>
<u>Treas.</u>	<u>George Low (D)</u>	<u>2151 NW 107 Ave.</u>	<u>Sunrise FL 33322</u>
	<u>Margaret Finkowsky (D)</u>	<u>2109 Chinaberry C. SE</u>	<u>Palm Bay FL 32909</u>

10. 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 contained in Chapter 119, 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:

Russ Allie (Russ Allie)

6/26/2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Credit Card (Visa ~~Master~~ ~~Discover~~ ~~Amex~~)

7/7/06