

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 SEP 13 AM 8:00

REINSTATEMENT 03-04

400041005704
09/13/04--01050--004 **300.00

MRS

DOCUMENT # P99000089113

1. Corporation Name

ALIMENTE.COM, INC.

9988 PREMIER PARKWAY
9988 PREMIER PARKWAY

2. Principal Office Address

9988 PREMIER PARKWAY

3. Mailing Office Address

9988 PREMIER PARKWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIRAMAR, FL

City & State

MIRAMAR, FL

Zip

33025

Country

USA

Zip

33025

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number
65-1012586

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

SANQUINTIN, WILLIAM

Street Address (P.O. Box Number is Not Acceptable)
9988 PREMIER PARKWAY

Suite, Apt. #, Etc.

City

MIRAMAR,

State
FL

Zip Code
33025

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

W. Sanquintin

REGISTERED AGENT MUST SIGN

Date

09/10/2004

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.C.	STARKMAN, LEO	9988 PREMIER PARKWAY	MIRAMAR, FL 33025

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 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:

Leo Starkman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

09/10/2004

Daytime Phone #