

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
01 APR 30 PM 3:26

DOCUMENT # S 31130

1. Corporation Name  
ALCO REALTY CORP.

REINSTATEMENT 01

2. Principal Office Address  
2102 Cabot Street  
Suite, Apt. #, etc.

3. Mailing Office Address  
3442 S.E. Lake Weir Rd.  
Suite, Apt. #, etc.

City & State  
Montreal, Quebec  
Zip Country  
H4E1E4 Canada

City & State  
Ocala, FL 34471  
Zip Country  
34471

4. Date Incorporated or Qualified To Do Business in Florida 2/12/1991  
5. FEI Number 59-3193148 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  
Add-Rite Accounting & Tax Services  
Street Address (P.O. Box Number is Not Acceptable)  
3442 S.E. Lake Weir Road  
Suite, Apt. #, Etc. Suite B  
City  
Ocala  
State FL Zip Code 34471

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 *Patricia Rouhan* REGISTERED AGENT MUST SIGN Date 5/7/01

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
PST	Rossano, Rosette	2101 Cabot Street	Montreal, Quebec Canada, H4E1E4

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)(l), 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: *Rosette Rossano* 5/7/01 352-732-2104  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #