

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **S31693**

1. Corporation Name
ALEMANY CORP.

Principal Place of Business
**2238 NW 82nd Ave
MIAMI, FL 33122**

Mailing Address
**13239 NW 8TH ST
MIAMI, FL 33182**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

13238 NW 8TH TERR

MIAMI, FL

33182

USA

FILED
97 JUL 29 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 9397

4. Date Incorporated or Qualified
To Do Business in Florida

1991

5. FEI Number

65-0394040

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)

8000002252718--0

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City, State, Zip
PRES	MANUEL ALVAREZ PENELA	13238 NW 8TH TERR	MIAMI, FL 33182
V.P.	JOSE MANUEL ALVAREZ de la Torre	SAME	SAME
TREAS.	ALFONSO ALVAREZ de la Torre	SAME	SAME

8. Name and Address of Current Registered Agent

ALFONSO ALVAREZ DE LA TORRE
13239 NW 8TH ST
MIAMI, FL 33182

9. Name and Address of New Registered Agent

Name

SAME

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

13238 NW 8TH TERR.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33182

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

REGISTERED AGENT MUST SIGN

Date **07/17/97**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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 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

Alfonso Alvarez de la Torre

(Treasurer)

Date **07/17/97**

Daytime Phone # **305-591-0438**

CR20040 (12/96)