

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 96-97
REINSTATEMENT



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

APPROVED
AND
FILED

97 MAY 20 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V36020

1 Corporation Name

ALIRA CORP.

Principal Place of Business

Mailing Address

301 NW 79 Street
Miami, Fl. 33150.

100002192621--6
-05/28/97--01013--029
****923.75 ****923.75

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/14/92	
City & State		City & State		5. FEI Number	
Zip		Country		65-0395136	
301 NW 79 Street		U.S.A.		Applied For	
Miami, Fl. 33150.		Pembroke Pines, Fl.		Not Applicable	
33084		33084		CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

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
P/S	Fermin P. Rodriguez	301 NW 79 Street	Miami, Fl. 33150.

REINSTATEMENT 96-97
A. Alan
5/20/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Cesar Mestre Jr. Esq.
7600 West 20 Avenue
Suite #214
Hialeah, Fl. 33016.

Name		Fermin P. Rodriguez	
Street Address (P.O. Box Number is Not Acceptable)		4445 West 16 Avenue	
Suite, Apt. #, Etc.		Suite #300	
City	Hialeah	State	FL
		Zip Code	33012

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 Fermin P. Rodriguez Fermin P. Rodriguez Date 05/17/97
REGISTERED AGENT MUST SIGN

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: Fermin P. Rodriguez Fermin P. Rodriguez 05/17/97 305-759-8820.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/96)