

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 30 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V38213

1. Corporation Name

ALM INVESTMENT FLORIDA, INC.

REINSTATEMENT 02-03

900024291179

10/30/03--01055--015 **908.75

2. Principal Office Address

780 N.W. 42 AVENUE

3. Mailing Office Address

780 N.W. 42 AVENUE

Suite, Apt. #, etc.

SUITE 516

Suite, Apt. #, etc.

SUITE 516

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33126

Country

DADE

Zip

33126

Country

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0336852

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

ANTONIO VARGAS, CPA

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

780 N.W. 42 AVENUE

Suite, Apt. #, Etc.

SUITE 516

City

MIAMI

State

FL

Zip Code

33126

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

X *Antonio Vargas*

REGISTERED AGENT MUST SIGN

Date 8-21-03

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	JASSIR, ABDALA- SAEIH	19667 TURNBERRY WAY A-G	N MIAMI BEACH, FL
D	SAIEH, MOISES	19667 N.E. 36 COURT A-12-G	NORTH MIAMI, BEACH FL
D	SAIEH, CARLOS	NINE ISLAND AVENUE, UNIT 1411	N. MIAMI BEACH, FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/22/03

Date

Daytime Phone #