

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**

**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC 11 AM 11:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

**1. Corporation Name**

ALS Ventures, Inc.

V51718

**2. Principal Office Address**

1200 N. Dale Mabry Hwy

**3. Mailing Office Address**

1200 N. Dale Mabry Hwy

**Suite, Apt. #, etc.**

Suite 270

**Suite, Apt. #, etc.**

Suite 270

**City & State**

Tampa, FL

**City & State**

Tampa, FL

Zip 33618

**Country**

United States

Zip

33618

**Country**

United States

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

07/20/92

**5. FEI Number**

593133854

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**

Catherine Norton Breman

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

401 South Florida Avenue

**Suite, Apt. #, Etc.**

Suite 300

**City**

Tampa

**State**

FL

**Zip Code**

33602

700009475187

12/11/02--01065--023 \*\*50.00

700009475187

12/11/02--01065--022 \*\*1300.00

**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

REGISTERED AGENT MUST SIGN

Date

12/11/02

**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/P	Anthony L. Scarpo	1200 North Dale Mabry Hwy Suite 270	Tampa, FL 33618

**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

Date

Daytime Phone #

12/11/02

(813) 960-9788

CR2E081 (9/01)