

OCT-25-99 MON 1:17 PM R&R ACCOUNTING & TAX SERV

FAX NO. 3055414015

P. 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

V53236

ALFONSO SHELVING, INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

FAX AUDIT NUMBER

H-990000269052

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 25 PM 1:17

REINSTATEMENT 9899

Principal Place of Business Mailing Address
630 NW 132 PL 630 NW 132 PL
Miami FL 33182 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 3. New Mailing Address, If Applicable

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

City & State City & State

Zip Country Zip Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PD	ALFONSO, LEONARDO	630 NW 132 PL	Miami, FL 33182
STD	ALFONSO, AMERICANA	630 NW 132 PL	Miami, FL 33182

8. Name and Address of Current Registered Agent

Leonardo Alfonso
630 N.W. 132 PL
Miami FL 33182

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. # Etc.

City

State : Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0905, F.S.

Signature of
Registered AgentX *Leonardo Alfonso* Registered Agent, Leonardo Alfonso

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(A), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(A) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 807, in §§ 807.02, 807.03, 807.04, 807.05, 807.06, 807.07, 807.08, 807.09, 807.10, 807.11, 807.12, 807.13, 807.14, 807.15, 807.16, 807.17, 807.18, 807.19, 807.20, 807.21, 807.22, 807.23, 807.24, 807.25, 807.26, 807.27, 807.28, 807.29, 807.30, 807.31, 807.32, 807.33, 807.34, 807.35, 807.36, 807.37, 807.38, 807.39, 807.40, 807.41, 807.42, 807.43, 807.44, 807.45, 807.46, 807.47, 807.48, 807.49, 807.50, 807.51, 807.52, 807.53, 807.54, 807.55, 807.56, 807.57, 807.58, 807.59, 807.60, 807.61, 807.62, 807.63, 807.64, 807.65, 807.66, 807.67, 807.68, 807.69, 807.70, 807.71, 807.72, 807.73, 807.74, 807.75, 807.76, 807.77, 807.78, 807.79, 807.80, 807.81, 807.82, 807.83, 807.84, 807.85, 807.86, 807.87, 807.88, 807.89, 807.90, 807.91, 807.92, 807.93, 807.94, 807.95, 807.96, 807.97, 807.98, 807.99, 808.00, 808.01, 808.02, 808.03, 808.04, 808.05, 808.06, 808.07, 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To: Division of Corporations
Fax Number : (850) 922-4004

From: Account Name : R & R ACCOUNTING & TAX SERVICES, INC.
Account Number : 071324000655
Phone : (305) 541-0790
Fax Number : (305) 541-4015

CORPORATION REINSTATEMENT

ALFONSO SHELVING INC.

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