

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 APR 25 AM 8:42

DOCUMENT # V53236

1. Corporation Name

ALFONSO SHELVING INC

2. Principal Office Address

630 NW 132 ND PL

Suite, Apt. #, etc.

3. Mailing Office Address

630 NW 132 ND PL

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33182

Country

US

Zip

33182

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0337902

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

ALFONSO, LEONARDO

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

630 NW 132 ND PL

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33182

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

Leonardo Alfonso
REGISTERED AGENT MUST SIGN

Date

4/19/06

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
PD	ALFONSO, LEONARDO	630 NW 132 ND PL	MIAMI, FL 33182
STD	ALFONSO, AMERICANA	630 NW 132 ND PL	MIAMI, FL 33182
	<i>RM27</i>		

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 contained in Chapter 119, 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:

Leonardo Alfonso
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/06

Date

(305) 299-5731

Daytime Phone #