

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS



OZ UBR

FILED

02 NOV -5 PM 12:37

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P96000089085**

1. Corporation Name
ALBETH, INC.

Principal Place of Business Mailing Address
 7635 FALCON STREET 7635 FALCON STREET
 JACKSONVILLE FL 32244 JACKSONVILLE FL 32244
 US US



2. New Principal Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **10/28/1996**

5. FEI Number **59-3419662**
 Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$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	4 City / State / Zip
PT	LINDQUIST, ALEX J.W.	7635 FALCON ST	JACKSONVILLE FL 32244
TS	LINDQUIST, ESSIE C	7635 FALCON ST	JACKSONVILLE FL 32244
V.P.	MICHELE LINDQUIST	7635 FALCON ST	JACKSONVILLE, FL 32244

8. Name and Address of Current Registered Agent
 LUNDQUIST, ALEX J. W
 7635 FALCON STREET
 JACKSONVILLE FL 32244

9. Name and Address of New Registered Agent
 Name
ALEX J.W. LINDQUIST
 Street Address (P.O. Box Number is Not Acceptable)
7635 FALCON ST
 Suite, Apt. #, Etc.
 City **Jacksonville** State **FL** Zip Code **32244**

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. or 617.0505, F.S.

Signature of Registered Agent *[Signature]* Date **10/26/2002**

11. 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]* 904 778-3102
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **10/26/2002** Daytime Phone #

CR2EM40 (8/02)



Oct. 24, 2002

*7635 Falcon St
Jacksonville FL, 32244 1405*


904-778-3112

*To: Division of Corporations
Annual Report/ Reinstatement Section
P.o. BOX 6327
Tallahassee, FL, 32314-6327*

Dear Sirs and madams:

We had thought this matter cleared up when we send the required form and an online payment of \$150.00. At that time we received no confirmation of those monies being received by your office. My wife followed with a phone call. and was told that she should not worry because of the volume of business taking place and should be processed soon. Now we have just received a reinstatement form saying we were dissolved. I immediately called again your office and a gentleman informed me to write this letter of explanation and the regular fee of \$150.00. As the reinstatement fine would be removed for the above reasons.

Thank you for your help and concern


Alex J. W. Lindquist
President

Enclosures:
Ck #194 for \$150.00
reinstatement form
this letter

