


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 FEB -9 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F05000001018					
1. Entity Name ALPHA BEST EDUCATION, INC.					
Principal Place of Business 119 AMHERST DRIVE GREENWOOD, SC 29649			Mailing Address 119 AMHERST DRIVE GREENWOOD, SC 29649		
2. Principal Place of Business 1310 Lewisville-Clemmons Rd. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 609 Suite, Apt. #, etc.			
City & State Lewisville, NC		City & State Lewisville, NC		4. FEI Number 20-2042559	
Zip 27023		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 27023		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Pamela L. Simpson, Authorized Representative</u> <i>Pamela L. Simpson</i> January 5, 2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00			200088455862 02/16/07--01001--019 **900.00		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP HODGES, JIMMY 1940 BRISTOL COURT BRENTWOOD, TN 37027 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	P Mary Blackburn 1310 Lewisville-Clemmons Rd. Lewisville, NC 27023 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DST LIGON, KATHY 119 AMHERST DRIVE GREENWOOD, SC 29649 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP/D Matthew B. Marceron 1310 Lewisville-Clemmons Rd. Lewisville, NC 27023 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D DREW, DENNIS 110 AMHERST DRIVE GREENWOOD, SC 29649 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	S/T Melissa Harper 1310 Lewisville-Clemmons Rd. Lewisville, NC 27023 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D KAPLAN, HOWARD J 1310 LEWISVILLE-CLEMMONS ROAD LEWISVILLE, NC 27023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>[Signature]</i>				Date: 1/18/07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

