2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Jul 08, 2008
Secretary of State

DOCUMENT# L05000098438

Entity Name: ALPHA INTERCONTINENTAL LLC

Current Principal Place of Business:

203 SOUTH DIXIE DRIVE
HAINES, FL 33844

New Principal Place of Business:

Current Mailing Address:

203 SOUTH DIXIE DRIVE
HAINES, FL 33844

New Mailing Address:

FEI Number: 20-3594020 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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.

SIGNATURE: SAMANTHA SIMONS, ASSISTANT SECRETARY

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	AGUILAR, JAMES	
Address:	203 SOUTH DIXIE DRIVE	
City-St-Zip:	HAINES, FL 33844	
Title:	MGRM	( ) Delete
Name:	SMART, ANDREW	
Address:	203 SOUTH DIXIE DRIVE	
City-St-Zip:	HAINES, FL 33844	
Title:	P	( ) Delete
Name:	SMART, DREW	
Address:	203 SOUTH DIXIE DRIVE	
City-St-Zip:	HAINES, FL 33844	
Title:	S	( ) Delete
Name:	PURNELL, ANDREW	
Address:	203 SOUTH DIXIE DRIVE	
City-St-Zip:	HAINES, FL 33844	
Title:	T	( ) Delete
Name:	SHAH, BIPIN	
Address:	203 SOUTH DIXIE DRIVE	
City-St-Zip:	HAINES, FL 33844	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SAMANTHA SIMONS, ATTORNEY-IN-FACT MGR 07/08/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date