PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2001
UBR

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

(1)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000100621**

1. Corporation Name

ALPHA & OMEGA DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
452 CORNWALL DR DAVENPORT FL 33837	452 CORNWALL DR DAVENPORT FL 33837

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 Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc. 452 Cornwallis DR
City & State	City & State DAVENPORT, FL
Zip / Country	Zip 33897 / Country POLK

4. Date Incorporated or Qualified To Do Business in Florida: 10/25/2000

5. FEI Number: 59-367-8412 ☐ 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
P/D	ANDREY Barhatkov	452 Cornwallis DR	DAVENPORT, FL, 33837

000004698460--5
-11/29/01--01056--003
****150.00 ****150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
BARHATKOV, ANDREY 452 CORNWALL DR DAVENPORT FL 33837	Name: ANDREY Barhatkov Street Address (P.O. Box Number is Not Acceptable): 452 Cornwallis DR Suite, Apt. #, Etc.: City: DAVENPORT State: FL Zip Code: 33897

CR2E040 (8/01)

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.

Signature of Registered Agent: [signature] Date: October 22, 2001

REGISTERED AGENT MUST SIGN

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] (ANDREY Barhatkov, PRES) OCT. 23 2001 863-420-0812

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(2)

Alpha & Omega Development, Inc

Andrey Barhatkov

452 Cornwallis Dr
Davenport, FL, 33837
Office 863-420-0812
Fax 863-420-1012
Mobile 407-925-7321
allin1realestate@att.net

October 26, 2001

Florida Department of State

Dear Costumer Service Department,

Recently I have received an application for reinstatement in the mail as well as Certificate of Administrative Dissolution or Revocation. I have never received any notices or mail in regards to the report filing or any other matters. In addition I have called you department and after speaking with the representative I am including a $150.00

Please let me know if anything else is needed.

Thank you for your assistance.

Sincerely,

Andrey Barhatkov.