


## 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000116219</b> 1. Entity Name <b>ALPHA GROUP MANAGEMENT INC.</b>	
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FILED

05 DEC -5 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>15033 ARBOR RESERVE CIR #302 TAMPA, FL 33624</b>	Mailing Address <b>15033 ARBOR RESERVE CIR #302 TAMPA, FL 33624</b>
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2. Principal Place of Business <b>106 S. GLENWOOD AVE</b> Suite, Apt. #, etc. <b>CLEARWATER, FLORIDA</b> City & State	3. Mailing Address <b>106 S. GLENWOOD AVE</b> Suite, Apt. #, etc. <b>CLEARWATER, FLORIDA</b> City & State
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11232005 REIN-P CR2E098 (6/04)

Zip <b>33755</b>	Country <b>USA</b>	Zip <b>33755</b>	Country <b>USA</b>
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4. FEI Number <b>43-2058767</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent  <b>KOPCZYNSKI, TOMASZ 15033 ARBOR RESERVE CIR #302 TAMPA, FL 33624</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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.

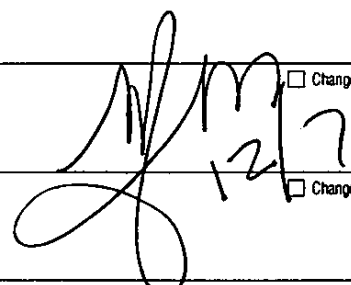
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2006, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PRESIDENT</b> <input type="checkbox"/> Delete	NAME <b>TOMASZ KOPCZYNSKI</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>106 S. GLENWOOD AVE</b>	CITY-ST-ZIP <b>CLEARWATER, FLORIDA 33755</b>	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

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 11/28/05--01059--010 \*\*150.00

  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Tomasz Kopczynski \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR