

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 FEB 16 PM 3:20

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P09000016921

1. Corporation Name

J M ALFA & OMEGA II, INC

2. Principal Office Address - No P.O. Box #

1920 SOUTH FEDERAL HWY

3. Mailing Office Address

1920 South Federal Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOYNTON BEACH

City & State

Boynton Beach

Zip

33435

Country

USA

Zip

33435

Country

USA

900189129819
02/16/11--01006--003 **358.75
900189129819
12/30/10--01039--003 **550.00

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida 02/24/2009

5. FEI Number
26-4324099

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARIA GERMAN

Street Address (P.O. Box Number is Not Acceptable)

9472 NW 52 PLACE

Suite, Apt. #, Etc.

City

SUNRISE

State

FL

Zip Code

33351

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date 12/27/2010

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	MARIA, GERMAN	9472 NW 52 PL	Sunrise, FL 33351
VP	JOSE, GERMAN	9472NW 52 PL	Sunrise, FL 33351

B 2/16/11
REINSTATEMENT 10-11

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify 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:

(Handwritten Signature)

12/26/10

954-427-8040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #