

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 NOV 17 PM 1:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **9960000 59450**

1. Corporation Name

**ALPHA BETA CONSULTANTS, INC.**

Principal Place of Business

Mailing Address

**3855 SW 137TH AVENUE STE. 12  
MIAMI FL. 33175**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Different

3. New Mailing Address, If Applicable

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida

**July 16-1996**

5. FEI Number

**65-0679526**

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/S	MILAGROS MENDIETA	13200 SW 66 ST.	Miami FL. 33183
VP/T	ALEXANDRA MENDIETA	SAME	SAME

700002350297-7  
-11/18/97--01041--006  
\*\*\*758.75 \*\*\*758.75

**REINSTATEMENT 97**

SW 11-17-97

8. Name and Address of Current Registered Agent

**MILAGROS MENDIETA  
13200 SW 66 STREET  
MIAMI FL. 33183**

9. Name and Address of New Registered Agent

Name  
**MILAGROS MENDIETA**  
Street Address (P.O. Box Number is Not Acceptable)  
**13200 SW 66 STREET**  
Suite, Apt. #, Etc.

City  
**Miami**

State  
**FL**

Zip Code  
**33183**

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

**Milagros Mendieta**  
REGISTERED AGENT MUST SIGN

Date **11/13/97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: **Milagros Mendieta**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11/13/97** Daytime Phone # **(305) 223-5134**