

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

02 JUL 18 PM 4:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



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

DOCUMENT # P-97000053778

1. Corporation Name

THE ALPHA HOUSE, INC.

2. Principal Office Address

10661 N Kendall DR

3. Mailing Office Address

same

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33176

Country

USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

6/27 1997

5. FEI Number

65-0763074

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

MATTHEW A. Connolly

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

10661 N Kendall DR 201

Suite, Apt. #, Etc.

City

Miami, FL

State
FL

Zip Code

33176

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

[Signature]

MATTHEW A Connolly

REGISTERED AGENT MUST SIGN

Date

7/17/07

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
<u>DD</u>	<u>STUART COVE</u>	<u>1530 NE 40th ST.</u>	<u>DAKLAND PARK, FL 33334</u>
<u>DVPT</u>	<u>MATTHEW A. Connolly</u>	<u>10661 N Kendall DR</u>	<u>Miami, FL. 33176</u>

10. 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]

MATTHEW A. Connolly

Date

Daytime Phone #

305-295-0708

CR2E081 (9/07)

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**CORPORATION
REINSTATEMENT**



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Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P-97000053778**

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THE ALPHA HOUSE, INC

2. Principal Office Address
10661 N KENDALL DR

3. Mailing Office Address
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Suite, Apt. #, etc.
201

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State

Zip
33176

Country
USA

Zip
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To Do Business in Florida **6/27 1997**

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Name
MATTHEW A. CONNOLLY

Street Address (P.O. Box Number is Not Acceptable)
10661 N KENDALL DR 201

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33176

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Signature of Registered Agent **Matt A. Connolly** **MATTHEW A. CONNOLLY**
REGISTERED AGENT MUST SIGN

Date **7/17/02**

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
	STUART COVE	1530 NE 40th ST	OAKLAND PARK, FL 33334
	MATTHEW A. CONNOLLY	10661 N KENDALL DR	MIAMI, FL 33176

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SIGNATURE: **Matt A. Connolly** **MATTHEW A. CONNOLLY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **7/17/02** Daytime Phone # **305-275-0208**

CR2E081 (9/01)