


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

01 DEC 14 PM 1:08

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P97000095417**

1. Corporation Name
ALPHA CONSTRUCTION, INC.

Principal Place of Business 2121 N. HASTINGS STREET ORLANDO FL 32808	Mailing Address 2121 N. HASTINGS STREET ORLANDO FL 32808
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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		4. Date Incorporated or Qualified To Do Business in Florida 11/06/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3484917	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
S	RUSS, LOUISE	2021 N HASTINGS ST	ORLANDO FL 32808
P	RUSS, TRAVELIS	2121 N HASTINGS ST	ORLANDO FL 32808

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 ****750.00 ****750.00

REINSTATEMENT OLUIS

8. Name and Address of Current Registered Agent RUSS, TRAVELIS 2121 N. HASTINGS STREET ORLANDO FL 32808		9. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL Zip Code

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 Travelis Russ (Same Below) Date DEC. 13, 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: Travelis Russ (TRAVELIS RUSS) Date 12/13/01 Daytime Phone # 407/295-4989
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRE2040 (8/01)