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
96 NOV 18 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000042990

1. Corporation Name

ALPHA FAMILY INTERESTS, INC.

Principal Place of Business	Mailing Address
20281 E. COUNTRY CLUB DR # 2003 NORTH MIAMI BEACH, FL 33180	(SAME)

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

REINSTATEMENT 96

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
20281 E. Country CLUB DR	20281 E. COUNTRY CLUB DR
Suite, Apt. #, etc. # 2003	Suite, Apt. #, etc # 2003
City & State NORTH MIAMI BEACH, FL	City & State NORTH MIAMI BEACH, FL
Zip 33180 Country USA	Zip 33180 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 5/31/95

5. FEI Number: 65-0669730 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES. DIRECTOR	WAYNE EISENBAUM	20281 E. COUNTRY CLUB DR. # 2003	NORTH MIAMI BEACH, FL 33180
SEC. DIRECTOR	MARLA E. HELENE	425 EAST 58TH ST, APT 22 D	NEW YORK, NY 10022
			600002010966--0 -11/21/96--01033--011
			****383.75 ****383.75
			JBL-19-96

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324

9. Name and Address of New Registered Agent

Name: WAYNE EISENBAUM
Street Address (P.O. Box Number is Not Acceptable): 20281 EAST COUNTRY CLUB DR.
Suite, Apt. #, Etc.: # 2003
City: NORTH MIAMI BEACH State: FL Zip Code: 33180

CR2E040 (12/95)

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 _____ Date 11/15/96
REGISTERED AGENT MUST SIGN

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: _____ WAYNE EISENBAUM 11/18/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #