

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF
Katherine
DIVISION OF CORPORATIONS

FILED
00 JAN 28 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

ALPHA 1, INC.

REINSTATEMENT 1994-2000

2. Principal Office Address

1350 NE 27TH STREET

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

Zip

33062

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

2-16-89

5. FEI Number

65-0107125

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

DONALD T. SWINARSKI

000003121410-9

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

1350 NE 27TH STREET

02/02/00 01071-081

***1658.75 ***1658.75

Suite, Apt. #, Etc.

City

POMPANO BEACH

State
FL

Zip Code

33062

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]

Date 1-26-2000

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/D/S	DONALD T. SWINARSKI	1350 NE 27TH STREET	POMPANO BEACH, FL 33062

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-26-2000

Daytime Phone #

954 522 7000

CR2E081 (9/99)