PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 MAR -1 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 704909

1. Corporation Name
ALPHA AND OMEGA, INC.

REINSTATEMENT

04-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
10857 SW 80th Ct.	10857 SW 80th Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocala FL	City & State: Ocala, FL
Zip: 34481 Country:	Zip: 34481 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 12/11/1962

5. FEI Number: 59-6173686 ☐ 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: Ada Pettibone
Street Address (P.O. Box Number is Not Acceptable): 10857 SW 80th Court
Suite, Apt. #, Etc.:
City: Ocala State: FL Zip Code: 34481

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Ada Pettibone
REGISTERED AGENT MUST SIGN
Date: 2-22-07

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
PC	Samuel Cole	152 Hwy 865	Winnsboro, LA 71295
TD	John H. Cobb Jr.	207 Tall Pines Dr.	Magnolia Terrace 77354
SD	Willie Hubert Tucker	4994 Nesmith Road	Plant City FL 33566

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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 contained in Chapter 119, 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: Samuel Cole SAMUEL COLE PC. 2-23-07 352-232-9599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #