

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P06000051221

1. Corporation Name

ALPHA CONSTRUCTION ENTERPRISES, INC

2. Principal Office Address - No P.O. Box #

2416 NE 13 AVENUE

Suite, Apt. #, etc

3. Mailing Office Address

2416 NE 13 AVENUE

Suite, Apt. #, etc

City & State

POMPANO BEACH, FL

City & State

POMPANO BEACH, FL

Zip

33064

Country

USA

Zip

33064

Country

USA

7. Name and Address of Current Registered Agent

Name

JOSLEY F. PIRCHINER

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

2416 NE 13 AVENUE

Suite, Apt. #, Etc

City

POMPANO BEACH, FL

State

FL

Zip Code

33064

4. Date Incorporated or Qualified  
To Do Business in Florida

04/11/2006

5. FEI Number

20-4697839

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☒ 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

REGISTERED AGENT MUST SIGN

Date 02/05/2010

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	JOSLEY F. PIRCHINER	2416 NE 13 AVENUE	POMPANO BEACH, FL 33064
			M. MILLIGAN EXAMINER
			FEB - 9 2010

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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:

PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/05/2010 954-856-3100

Date

Daytime Phone #

FILED

10 FEB -8 PM 1:16

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

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CR2E081 (11/09)

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