

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED
 FILED
 98 OCT 27 PM 12:50

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 518088

1. Corporation Name

Alpheia Enterprises, Inc.

Principal Place of Business

Mailing Address

REINSTATEMENT 95-98

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

2. New Principal Office Address, If Applicable 1717 W. Hillsborough Ave		3. New Mailing Office Address, If Applicable 14612 Village Glen Cir		4. Date Incorporated or Qualified To Do Business in Florida November 3, 1976	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-1703704	
City & State Tampa, Florida		City & State Tampa, Florida		Applied For Not Applicable	
Zip 33603	Country USA	Zip 33624	Country USA	6. CERTIFICATE OF STATUS DESIRED <input checked="" 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Keith Dreier	14612 Village Glen Cir	Tampa, FL 33624

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 10/30/98 01055 011
 ***1208.75 ***1208.75
 10-28-98

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name Keith Dreier	
		Street Address (P.O. Box Number is Not Acceptable) 14612 Village Glen Circle	
		Suite, Apt. #, Etc.	
		City Tampa	State FL
		Zip Code 33624	

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 REGISTERED AGENT MUST SIGN Date **10-26-98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____

CR20040 (1/98)