

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
06 MAR 27 PM 4:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F01000000888

**1. Corporation Name**

Alpha Private Equity Group, Inc.

**2. Principal Office Address**

801 Brickell Ave.

**3. Mailing Office Address**

801 Brickell Ave.

Suite, Apt. #, etc.  
2580

Suite, Apt. #, etc.  
2580

City & State  
Miami, FL

City & State  
Miami, FL

Zip  
33131

Country  
USA

Zip  
33131

Country  
USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**  
52-2294093

Applied For  
Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

T. Roberts MAR 28 2006  
CR2E081 (12/05)

**7. Name and Address of Current Registered Agent**

Name  
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)  
1200 South Pine Island Road

Suite, Apt. #, Etc.

City  
Plantation

State  
FL

Zip Code  
33324

**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

CONNIE RIVAN  
SPECIAL ASSISTANT SECRETARY  
REGISTERED AGENT MUST SIGN

Date 3/27/2006

**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
PTCD	Berggruen, Nicolas	1114 Avenue of the Americas, 41st Floor	New York, NY 10036
VT	Bluestein, Jared	1114 Avenue of the Americas, 41st Floor	New York, NY 10036

700069644267  
04/08/06--01051--009 \*\*900.00

**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:

Jared Bluestein

JARED BLUESTEIN

March 23, 2006

212.380.2235

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



a Wolters Kluwer business

CT  
1203 Governors Square Blvd.  
Tallahassee, FL 32301-2960

850 222 1092 tel  
850 222 7615 fax  
www.ctlegalsolutions.com

March 27, 2006

Department of State, Florida  
Clifton Building  
2611 Executive Center Circle  
Tallahassee FL 32301

Re: Order #: 6600542 SO  
Customer Reference 1: CNA  
Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

*Alpha Private Equity Group, Inc.*  
Reinstatement  
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan  
Manager Fulfill Ctr  
Connie.Bryan@wolterskluwer.com

File 1<sup>st</sup>

RECEIVED  
06 MAR 27 PM 12:41  
DIVISION OF REGISTRATION