

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 OCT 21 AM 8:25

DOCUMENT # F01000000888

1. Corporation Name

ALPHA PRIVATE EQUITY GROUP, INC.

Principal Place of Business

Mailing Address

801 BRICKELL AVE. SUITE 2580  
MIAMI FL 33131

801 BRICKELL AVE. SUITE 2580  
MIAMI FL 33131

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/15/2001

5. FEI Number

52-2294093

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
<del>PTCD</del>	<del>BERGGRUEN, NICOLAS</del>	<del>499 PARK AVENUE</del>	<del>NEW YORK NY 10022</del>
<del>VT</del>	<del>BLUESTEIN, JARED</del>	<del>499 PARK AVENUE</del>	<del>NEW YORK NY 10022</del>
PTCD	Berggruen, Nicolas	801 Brickell Ave, Suite 2580	Miami, FL 33131
VT	Bluestein, Jared	801 Brickell Ave, Suite 2580	Miami, FL 33131

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C.T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

PETER F. SOUZA  
ASSISTANT SECRETARY  
REGISTERED AGENT MUST SIGN

Date

10/17/03

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 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:

JARED BLUESTEIN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/03  
Date

305-530-1632  
Daytime Phone #

CR2E040 (7/03)

2/2

# ALPHA PRIVATE EQUITY GROUP

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October 10, 2003

DIVISION OF CORPORATIONS  
Annual Report / Reinstatement Section  
P.O. BOX 6327  
Tallahassee, FL 32314-6327

**REF: F01000000888**

Dear Sirs,

We received the Notice of Administrative Dissolution or Revocation on 10/10/03 from our registered agent CT Corporation System. Please note however that we did not receive either of the two prior Uniform Business Report (UBR) notices for 2003. We therefore remit the annual fees of \$150.00 and ask you to please waive the reinstatement fee of \$600.00 to our Company.

We apologize for the delay and look forward to hearing from you soon.

Thank you.

Sincerely,



JARED BLUESTEIN  
Chief Operating Officer