

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 3

RECEIVED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 DEC 13 PM 2:03

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F02000005019**

**1. Corporation Name**

Alpha Thought Global, Inc.

**2. Principal Office Address**

547 West Jackson Blvd

Suite, Apt. #, etc.

10th Floor

City & State

Chicago, IL

Zip

60661

Country

USA

**3. Mailing Office Address**

547 West Jackson Blvd

Suite, Apt. #, etc.

10th Floor

City & State

Chicago, IL

Zip

60661

Country

USA

**REINSTATEMENT** 03-04

**4. Date Incorporated or Qualified  
To Do Business in Florida 10/03/2002**

**5. FEI Number**  
113648648

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

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays Street

800043402148

Suite, Apt. #, Etc.

City

Tallahassee

State  
**FL**

Zip Code

32301-2525

**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

*Cynthia L. Harris*

**Cynthia L. Harris  
as its agent**

Date

12/13/04

REGISTERED AGENT MUST SIGN

**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
COB/D	Vidhan Chaudhari	547 W Jackson Blvd, 10th Fl	Chicago, IL 60661
D	Hari Rao	547 W Jackson Blvd, 10th Fl	Chicago, IL 60661
D	Benno Disler	547 W Jackson Blvd, 10th Fl	Chicago, IL 60661
P	Doug Estock	547 W Jackson Blvd, 10th Fl	Chicago, IL 60661
V/S	Eric Grossman	547 W Jackson Blvd, 10th Fl	Chicago, IL 60661
T	Brian Sampey	547 W Jackson Blvd, 10th Fl	Chicago, IL 60661

**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 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:**

*Eric Grossman*  
**ERIC GROSSMAN**

12/10/04

312-224-2060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

2013



547 West Jackson Boulevard, 10<sup>th</sup> Fl.  
Chicago, IL 60661

michelle.brandonisio@alphathought.com  
Office: 312.224.2061 Fax: 312.224.2010

December 10, 2004

Department of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, FL 32399

RE: ALPHA THOUGHT GLOBAL, INC – F02000005019

To Whom It May Concern:

This letter is to inform you that we never received any notices regarding the annual report or revocation.

Please waive the \$600.00 reinstatement fee. If you have any questions, please contact me at 312.224.2061 or Eric Grossman at 312.224.2060.

Thank You,

Michelle Brandonisio  
Assistant to General Counsel



CORPORATION SERVICE COMPANY

343

ACCOUNT NO. : 072100000032

REFERENCE : 076192 7382654

AUTHORIZATION :

*Patricia Pigute*

COST LIMIT : \$ 300.00

ORDER DATE : December 10, 2004

ORDER TIME : 11:20 AM

ORDER NO. : 076192-005

CUSTOMER NO: 7382654

CUSTOMER: Ms. Michelle Brandonisio  
Alpha Thought Global, Inc.  
10th Floor  
547 W. Jackson Boulevard  
Chicago, IL 60661

DOMESTIC FILINGS

NAME: ALPHA THOUGHT GLOBAL, INC.

RECEIVED  
04 DEC 13 PM 12:48  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS