

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 FEB -9 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F05000001018

1. Entity Name
ALPHA BEST EDUCATION, INC.



Principal Place of Business
119 AMHERST DRIVE
GREENWOOD, SC 29649

Mailing Address
119 AMHERST DRIVE
GREENWOOD, SC 29649

2. Principal Place of Business
1310 Lewisville-Clemmons Rd.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 609
Suite, Apt. #, etc.

City & State
Lewisville, NC

City & State
Lewisville, NC

4. FEI Number
20-2042559

Applied For
Not Applicable

Zip
27023

Country

Zip
27023-0609

Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Pamela L. Simpson,
Authorized Representative

Pamela L. Simpson

January 5, 2007

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2007, Fee will be \$900.00

200088455862
02/16/07--01001--019 **\$900.00

10. OFFICERS AND DIRECTORS

TITLE DP
NAME HODGES, JIMMY
STREET ADDRESS 1940 BRISTOL COURT
CITY-STATE-ZIP BRENTWOOD, TN 37027 ☒ Delete

TITLE DST
NAME LIGON, KATHY
STREET ADDRESS 119 AMHERST DRIVE
CITY-STATE-ZIP GREENWOOD, SC 29649 ☒ Delete

TITLE D
NAME DREW, DENNIS
STREET ADDRESS 110 AMHERST DRIVE
CITY-STATE-ZIP GREENWOOD, SC 29649 ☒ Delete

TITLE D
NAME KAPLAN, HOWARD J
STREET ADDRESS 1310 LEWISVILLE-CLEMMONS ROAD
CITY-STATE-ZIP LEWISVILLE, NC 27023 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME Mary Blackburn
STREET ADDRESS 1310 Lewisville-Clemmons Rd.
CITY-STATE-ZIP Lewisville, NC 27023 ☐ Change ☒ Addition

TITLE VP/D
NAME Matthew B. Marceron
STREET ADDRESS 1310 Lewisville-Clemmons Rd.
CITY-STATE-ZIP Lewisville, NC 27023 ☐ Change ☒ Addition

TITLE S/T
NAME Melissa Harper
STREET ADDRESS 1310 Lewisville-Clemmons Rd.
CITY-STATE-ZIP Lewisville, NC 27023 ☐ Change ☒ Addition

TITLE C/D
NAME
STREET ADDRESS
CITY-STATE-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B. Mitchell FEB. 9 2007